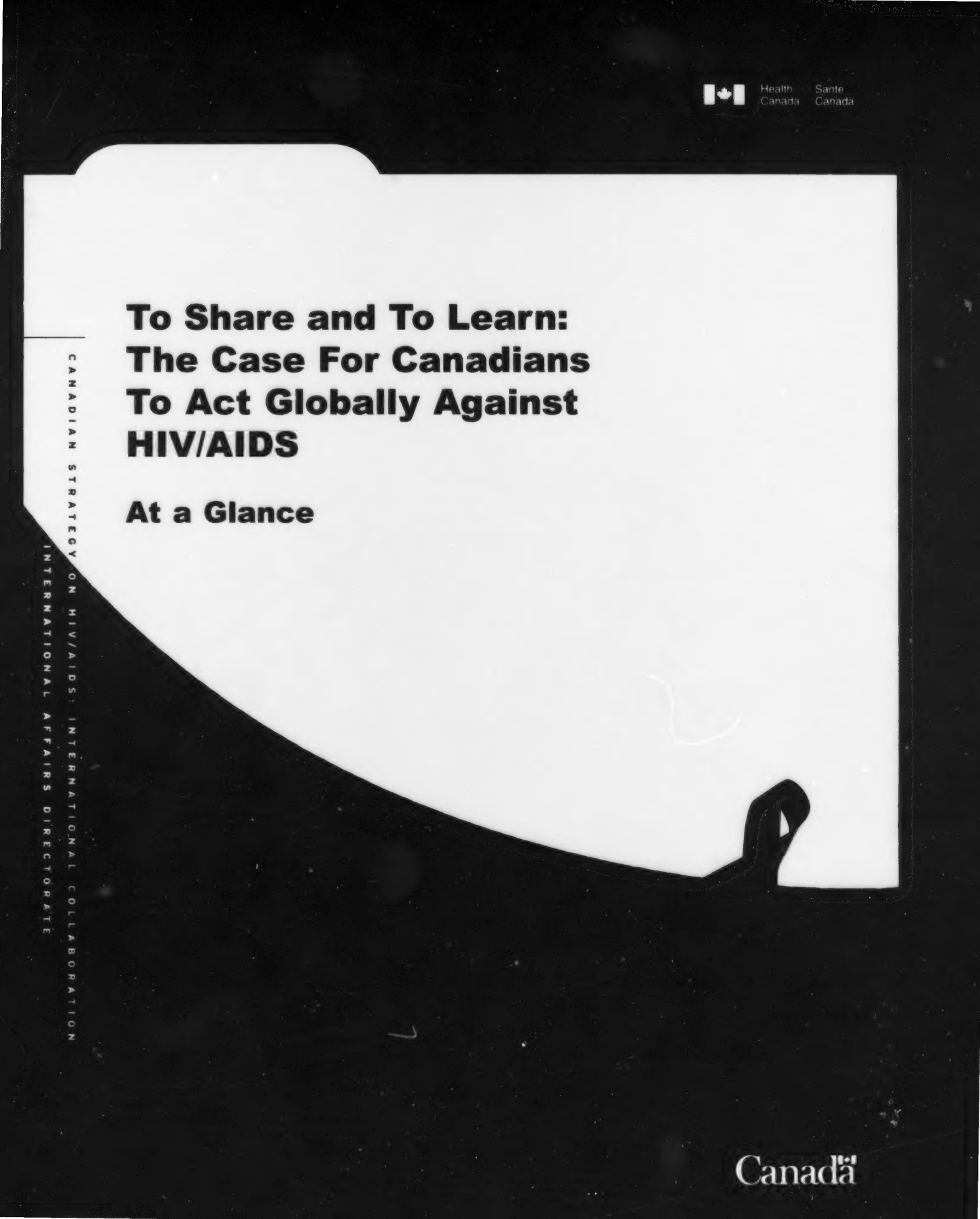
Health Canada Santé Canada

To Share and To Learn: The Case For Canadians To Act Globally Against HIV/AIDS

At a Glance

CANADIAN STRATEGY ON HIV/AIDS: INTERNATIONAL COLLABORATION
INTERNATIONAL AFFAIRS DIRECTORATE



Canada

Our mission is to help the people of Canada maintain and improve their health.
Health Canada

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The Case for Canadians to Act Globally Against HIV/AIDS

Enclosed is a summary that highlights the principal arguments made in *The Case For Canadians To Act Globally Against HIV/AIDS*. For your convenience, a summary copy of the accompanying overhead presentation has also been included to facilitate discussion among your colleagues and others. You may also download the power point presentation from www.aidsida.com.

Please consult *The Case For Canadians To Act Globally Against HIV/AIDS* for a more detailed explanation of the information contained in this package or to identify other organizations that may help you in your global HIV/AIDS efforts.

The Case For Canadians To Act Globally Against HIV/AIDS
At a Glance

1 The Facts

The Global Picture

- By the end of 1999, the number of people living with HIV worldwide had grown to more than 34.3 million.
- In 1999 alone, an estimated 5.4 million people became infected with HIV/AIDS; 2.6 million died;
- To date, more than 53 million people have been infected with HIV.
- The HIV/AIDS epidemic is worsening and it is expected that the number of people living with HIV/AIDS will expand to over 40 million by 2005.

Regional Devastation Abounds

- More than 95% of all HIV-infected people now live in the developing world.
- 24.5 million people, or one in every 12 people, were living with HIV/AIDS in the sub-Saharan region of Africa.
- HIV/AIDS prevalence is skyrocketing in Asia, where in the last three years alone, about 3 million people became infected.

HIV/AIDS is Ravaging Our World's Adult Population

- At the end of 1999, of 34.3 million people living with HIV/AIDS, 33.0 million were adults between the ages of 15 and 49, of which 47% were women.
- Estimates show that in Botswana, Namibia, Swaziland and Zimbabwe, between 19% and 36% of people aged 15 to 49 are living with HIV/AIDS.

Children Bear The Brunt of HIV/AIDS

- Since the start of the epidemic, more than 4.4 million children under the age of 15 have lived or are living with HIV/AIDS, of which 3.8 million have already died.
- To date, more than 13 million children have been orphaned because of AIDS.
- By 2010, the number of children orphaned because of AIDS is expected to reach as high as 40 million worldwide.

HIV/AIDS is Racing Through the Drug-Injecting Community

- In the newly independent states of the former Soviert Union, the prevalence of injecting drug use was largely responsible for the proportion of the population living with HIV doubling between the end of 1997 and the end of 1999.

2 The Impact

HIV/AIDS Reduces Life Expectancy

- In the African countries with the highest HIV prevalence, estimates now indicate that AIDS has reduced life expectancy to an average of 47 years, down from the 64 years that would have occurred in the absence of the disease.

HIV/AIDS Harms Child Survival

- HIV/AIDS has exacted a huge toll on child survival rates and is reversing years of hard-won development gains.
- In some hard hit countries, child mortality rates have doubled and tripled.

The Case For Canadians To Act Globally Against HIV/AIDS
At a Glance

HIV/AIDS Burdens Health Care Systems

- In greatly affected countries, health care costs are increasing while the total availability of health care is dropping for everyone, especially the poor.
- On average, the cost of treating a person living with HIV/AIDS for one year is equivalent to educating 10 primary school students for a year.

HIV/AIDS Exacerbates Poverty and Inequality

- The economic impact per case of AIDS is greater than other diseases, as it hits people hardest in their most productive years.
- In urban households of Cote d'Ivoire, studies show that when a family member has AIDS, average income falls by 52 to 67 per cent, while expenditures on health care quadruple.

HIV/AIDS Afflicts the Education System

- Because of their own illness, the requirement to earn money or the necessity to care for family members infected with HIV, millions of school-aged children and teachers are dropping out of the education system.
- AIDS erodes the demand for education, as more and more children and families are affected. AIDS diminishes the supply of teachers and with it, of course, the quality of education that is provided.

HIV/AIDS Strikes Business and the Economy

- When HIV/AIDS strikes, it is likely to affect a working person.
- World Bank estimates reveal that HIV/AIDS has a substantial negative impact on economic growth.
- On one sugar estate in Kenya where 25 percent of the workforce was HIV-positive, company spending on funerals increased 500 percent and direct health expenditures rose 1,000 percent.

HIV/AIDS Erodes Human Rights and Increases Gender Inequities

- Discrimination against persons living with HIV/AIDS and those otherwise affected by the disease is widespread.
- Leading human rights abuses include illegal testing and dismissing of HIV-positive employees, lack of privacy of HIV status, restricted access to up-to-date medical care, and inheritance law discrimination.

HIV/AIDS Diminishes Political Stability and National Security

- In many countries, the incidence of HIV infections among the military is gradually weakening the capacity of militaries to ensure national security, maintain civil order and provide personnel for peacekeeping duties.
- If left unchecked, HIV/AIDS will reduce government's ability to deal with civil strife, refugee flows, rapid urbanization and poverty - items that are all conducive to the spread of HIV/AIDS.

HIV/AIDS Diminishes Human Security

- HIV/AIDS diminishes "human security", generally regarded as safety from both violent and non-violent threats.
- In the regions most affected by HIV/AIDS, human security has declined remarkably and has led to social unrest, erosions in national security, increases in discrimination and marginalization, and a crumbling environment for human development.

The Case For Canadians To Act Globally Against HIV/AIDS
At a Glance

3 The Rationale

Canada Has Committed Itself To Help

- The Canadian Strategy on HIV/AIDS calls for active participation in international HIV/AIDS activities and to facilitate collaboration.
- Canada is a strong supporter of the Convention on the Rights of the Child and the United Nations' International Guidelines on HIV/AIDS and Human Rights.
- In 2001 at the United Nations General Assembly, Canada will champion efforts to address the crisis of children affected by the HIV/AIDS epidemic.

We Are Internationally Recognized Leaders

- Canada has a long and distinguished history as a diverse and outward-looking society, committed to providing significant humanitarian support to those in peril.
- Our work with NATO, our contribution to eliminating landmines and our role in the recent Kosovo crisis confirm our credibility and leadership abilities.
- Our medical breakthroughs (e.g. 3TC) allow us to speak with an expert voice on a world stage.

We Must Ensure the Sustainability of Our Development Investments

- Over the past few decades, Canadian taxpayers have invested untold billions of dollars in the developing world.
- HIV/AIDS is eliminating decades of hard won development gains and is negating the impact of our previous investments.
- Development gains can still be protected in the parts of the world where the HIV/AIDS epidemic is still nascent and not yet out-of-control.

It is in Our Economic Interest

- Canada is an export-oriented country and counts on the sustained vibrancy of other world markets and the emergence of new ones for its own economic growth and stability.
- We operate in a highly interdependent world economy where cataclysmic events elsewhere have profound effects here, too.

It Can Enhance Our Domestic Response

- While much progress has been made in Canada, we are far from declaring a victory in the fight against AIDS.
- Acting globally in HIV/AIDS can expose Canadian organizations to new and unconventional approaches while augmenting our skill sets and knowledge bases.

It Can Enhance the Capabilities and Reputation of Canadian NGOs and ASOs

- Acting globally says an organization is committed to its development, to sharing its expertise and to developing collaborative partnerships.
- International work can augment an organization's profile and reputation, important in respect to one's public affairs, media relations, employee recruitment or fund-raising activities.

The Case For Canadians To Act Globally Against HIV/AIDS
At a Glance

Acting Globally Can Reduce The Spread of HIV and Other Infectious Disease

- HIV and other diseases such as tuberculosis are highly infectious and cannot simply be contained by geographical borders.
- The world's population is increasingly mobile - as the global epidemic continues to grow, Canadians are also at increased risk.

We Already Know What Works

- An early and active response from all sectors of society has the potential to avert incredible suffering and to save millions of lives.
- Specific interventions encompassing social marketing, condom distribution, voluntary testing and counseling, the treatment of sexually transmitted diseases and peer education, can remarkably change behavior, reduce the risk of contracting HIV and alleviate the socioeconomic impacts.

It is Simply the Right Thing To Do

- A powerful reason for acting globally in HIV/AIDS is simply that it is the right thing to do. Canadians are blessed with significant resources and expertise and a demonstrated capacity to held those in need.

4 Taking Action

Assume a Leadership Role

- An effective response is often a collective response.
- Even if your organization cannot mount its own response, you can contribute to fighting the global epidemic by taking on an issue, assuming a leadership role and getting others on-side.
- Ideas include launching a workplace awareness program, informing others in group or one-on-one settings, educating the media, raising money for other international programs and participating in HIV/AIDS conferences/symposia.

Share Technical Expertise

- Canada's reputation for excellence in HIV/AIDS issues ensures that our technical expertise is in great demand around the world.
- Taking action could mean providing technical assistance to other Canadian organizations acting globally, international NGOs/ASOs, sponsors of large-scale or multi-disciplinary projects (e.g. CIDA, World Bank, Health Canada, UNAIDS).

Contribute To International Research Efforts

- The results of forward-thinking scientific and behavioral research provide the foundation upon which other HIV/AIDS interventions are developed and implemented.
- Several promising areas of Canadian research that can benefit the entire world include the development of female condoms and microbicides, studies on the genetics and immunology of resistance to HIV infections and the development of a safe and effective vaccine against HIV.

The Case For Canadians To Act Globally Against HIV/AIDS
At a Glance

Advance and Protect Human Rights
- The protection of human rights is essential to safeguard human dignity in the face of HIV/AIDS as well as to ensure an effective response to the disease.
- NGOs, including networks of people living with HIV/AIDS, can play a critical role by formulating policy, engaging in advocacy and capacity building, and developing support services.

Enhance Care and Support Infrastructure
- The need for comprehensive care and support systems is great in order to mitigate the impact of the epidemic.
- Antiretroviral drug and combination drug therapies are too expensive for the developing world. It is therefore necessary to develop more cost-effective care and support strategies.
- Program ideas include establishing AIDS orphanages and hospices, developing medical, social, psychological and nutritional care and counseling centres, and establishing control programs for other opportunistic diseases.

Build Communities and Their Capacity
- To prevent the continued spread of the disease and mitigate impact, investments must be made in communities to build their capacity to deal with the epidemic and sustain an effective response.
- Program ideas include training in public awareness strategies, providing tools to engage the private sector, supporting advocacy groups, providing training in organizational development, preparing sites for clinical trials of promising preventative measures and sharing your technical expertise.

Intervene Through Prevention and Education
- While there is no known cure for HIV, it is a preventable disease.
- Program ideas include STD prevention, condom promotion and distribution, workplace HIV/AIDS policy development and HIV/AIDS awareness program implementation.

5 Getting Started

Embarking Upon Your Own Response
- Determine areas of strength or "comparative advantage"
- Identify institutional readiness to undertake international HIV work
- Determine senior management commitment to acting globally
- Understand the challenges that you will face
- Build a detailed plan
- Identify and secure possible partners for your initiative
- Solicit and secure program financing
- Seek the counsel of others

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To Share and To Learn:

The Case For Canadians To Act Globally Against HIV/AIDS

International Affairs Directorate
June, 2000

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Introduction

Goals of The Case For Canadians To Act Globally Against HIV/AIDS

- **To enhance your understanding of the enormity and devastating impact of the global epidemic.**
- **To highlight how you can become involved.**
- **To profile Canadian leaders in this area.**
- **To highlight the benefits that will accrue to your organization as a result of taking an active role in international HIV/AIDS issues.**

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1. The Facts

The Global Picture

- **By the end of 1999, the number of people living with HIV worldwide had grown to more than 34.3 million.**
- **To date, 53 million people have been infected with HIV.**
- **The HIV/AIDS epidemic is worsening - it is expected that the number of people living with HIV/AIDS will expand to 40 million by 2005.**

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1. The Facts

Regional Devastation Abounds

- **More than 95% of all HIV- infected people now live in the developing world.**
- **24.5 million people, or one in every 12 people, were living with HIV/AIDS in the sub- Saharan region of Africa.**
- **HIV/AIDS prevalence is skyrocketing in Asia, where in the last three years alone, about 3 million people became infected.**

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1. The Facts

HIV/AIDS is Ravaging Our World's Adult Population

- **At the end of 1999, of 34.3 million people living with HIV/AIDS, 33.0 million were adults between the ages of 15 and 49, of which 47% were women.**
- **Estimates show that in Botswana, Namibia, Swaziland and Zimbabwe, between 19% and 36% of people aged 15 to 49 are living with HIV/AIDS.**

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1. The Facts

Children Bear The Brunt of HIV/AIDS

- **Since the start of the epidemic, more than 4.4 million children under the age of 15 have lived or are living with HIV/AIDS, of which 3.8 million have already died.**
- **To date, more than 13 million children have been orphaned because of AIDS.**
- **By 2010, the number of children orphaned because of AIDS is expected to reach as high as 40 million worldwide.**

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1. The Facts

HIV/AIDS is Racing Through the Drug-Injecting Community

- **In the newly independent states of the former Soviet Union, the prevalence of injecting drug use was largely responsible for the proportion of the population living with HIV doubling between the end of 1997 and the end of 1999.**

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2. The Impact

HIV/AIDS Reduces Life Expectancy

- **In the African countries with the highest HIV prevalence, estimates now indicate that AIDS has reduced life expectancy to an average of 47 years, down from the 64 years that would have occurred in the absence of the disease.**

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2. The Impact

HIV/AIDS Harms Child Survival

- **HIV/AIDS has exacted a huge toll on child survival rates and is reversing years of hard-won development gains.**
- **In some hard hit countries, child mortality rates have doubled and tripled.**

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2. The Impact

HIV/AIDS Burdens Health Care Systems

- **In greatly affected countries, health care costs are increasing while the total availability of health care is dropping for everyone, especially the poor.**
- **On average, the cost of treating a person living with HIV/AIDS for one year is equivalent to educating 10 primary school students for a year.**

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2. The Impact

HIV/AIDS Exacerbates Poverty and Inequality

- **The economic impact per case of AIDS is greater than other diseases, as it hits people hardest in their most productive years.**
- **In urban households of Cote d'Ivoire, studies show that when a family member has AIDS, average income falls by 52 to 67 per cent, while expenditures on health care quadruple.**

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2. The Impact

HIV/AIDS Afflicts the Education System

- **Because of their own illness, the requirement to earn money or the necessity to care for family members infected with HIV, millions of school-aged children and teachers are dropping out of the education system.**
- **"AIDS erodes the *demand* for education, as more and more children and families are affected. AIDS diminishes the *supply* of teachers and with it, of course, the *quality* of education that is provided".**
  Peter Piot, Executive Director, UNAIDS

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2. The Impact

HIV/AIDS Strikes Business and the Economy

- **When HIV/AIDS strikes, it is likely to affect a working person.**
- **World Bank estimates reveal that HIV/AIDS has a substantial negative impact on economic growth.**
- **On one sugar estate in Kenya where 25 percent of the workforce was HIV-positive, company spending on funerals increased 500 percent and direct health expenditures rose 1,000 percent in eight years.**

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2. The Impact

HIV/AIDS Erodes Human Rights and Increases Gender Inequities

- **Discrimination against persons living with HIV/AIDS and those otherwise affected by the disease is widespread.**
- **Leading human rights abuses include illegal testing and dismissing of HIV-positive employees, lack of privacy of HIV status, restricted access to up-to-date medical care, and inheritance law discrimination.**

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2. The Impact

HIV/AIDS Diminishes Political Stability and National Security

- **In many countries, the incidence of HIV infections among the military is gradually weakening the capacity of militaries to ensure national security, maintain civil order and provide personnel for peacekeeping duties.**
- **If left unchecked, HIV/AIDS will reduce government's ability to deal with civil strife, refugee flows, rapid urbanization and poverty - items conducive to the spread of HIV/AIDS.**

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2. The Impact

HIV/AIDS Diminishes Human Security

- **"Human security" means safety for people from both violent and non-violent threats.**
- **In regions most affected by HIV/AIDS, human security has declined remarkably and has led to social unrest, erosions in national security, increases in discrimination and marginalization, and a crumbling environment for human development.**

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3. The Rationale

Canada Has Committed Itself To Help

- **The Canadian Strategy on HIV/AIDS calls on us to increase Canada's participation in international HIV/AIDS activities and facilitate collaboration.**
- **Canada supports the Convention on the Rights of the Child and the United Nations' International Guidelines on HIV/AIDS and Human Rights.**
- **In 2001 at the United Nations General Assembly, Canada will champion efforts to address the crisis of children affected by the HIV/AIDS epidemic.**

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3. The Rationale

We Are Internationally Recognized Leaders

- **Canada has a long and distinguished history as a diverse and outward-looking society, committed to providing significant humanitarian support.**
- **Our work with NATO, our contribution to eliminating landmines and our role in the recent Kosovo crisis confirm our credibility and leadership abilities.**
- **Our medical breakthroughs (e.g. 3TC) allow us to speak with an expert voice on a world stage.**

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3. The Rationale

We Must Ensure The Sustainability of Our Development Initiatives

- **Over the past few decades, Canadian taxpayers have invested untold billions of dollars in the developing world.**
- **HIV/AIDS is eliminating decades of hard won development gains and is negating the impact of our previous investments.**
- **Development gains can still be protected in the parts of the world where the HIV/AIDS epidemic is still nascent and not yet out-of-control.**

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They Said

"AIDS, like any infectious disease, will not be defeated anywhere until it is defeated everywhere."

Dr. Peter Piot, Executive Director, UNAIDS

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3. The Rationale

It Is In Our Economic Interest

- **Canada is an export-oriented country and counts on the sustained vibrancy of other world markets and the emergence of new ones for its own economic growth and stability.**
- **We operate in a highly interdependent world economy where cataclysmic events elsewhere have profound effects here, too.**

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3. The Rationale

It Can Enhance Our Domestic Response

- **While much progress has been made in Canada, we are far from declaring that the fight against AIDS has been won or is close to over.**
- **Acting globally against HIV/AIDS can expose Canadian organizations to new and unconventional approaches while augmenting our skill sets and knowledge bases.**

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3. The Rationale

It Can Enhance the Capabilities and Reputation of Canadian NGOs and ASOs.

- **Acting globally says an organization is committed to its development, to sharing its expertise and to developing collaborative partnerships.**
- **International work can augment an organization's profile and reputation, important in respect to one's public affairs, media relations, employee recruitment or fund- raising activities.**

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3. The Rationale

It Can Reduce The Spread of HIV and Other Infectious Disease

- **HIV and other diseases such as tuberculosis are highly infectious and cannot simply be contained by geographical borders.**
- **The world's population is increasingly mobile - as the global epidemic continues to grow, Canadians are also at increased risk.**

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3. The Rationale

We Already Know What Works

- **An early and active response from all sectors of society has the potential to avert incredible suffering and to save millions of lives.**
- **Specific interventions encompassing social marketing, condom distribution, voluntary testing and counseling, the treatment of STDs and peer education, can remarkably change behavior, reduce the risk of contracting HIV and alleviate the socioeconomic impacts.**

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3. The Rationale

It Is Simply The Right Thing To Do

- **Canadians are blessed with significant resources and expertise and a demonstrated capacity to help those in need.**
- **A powerful reason for acting globally against HIV/AIDS is simply that it is the right thing to do.**

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4. Taking Action

Assume a Leadership Role

- **An effective response is a collective response.**
- **Even if your organization cannot mount its own response, you can contribute to fighting the global epidemic by taking on an issue, assuming a leadership role and getting others on-side.**
- **Ideas include workplace awareness programs, informing others 1-on-1, educating the media, raising money for other international programs and participating in conferences/symposia.**

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Case In Point

Interagency Coalition on AIDS and Development (ICAD)

ICAD has played a leadership role in international HIV/AIDS issues by producing *Beyond Our Borders: A Guide to Twinning for HIV/AIDS Organizations*, and in developing the first *Canada's International Response to HIV/AIDS* report.

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4. Taking Action

Share Technical Expertise

- **Canada's reputation for excellence in HIV/AIDS issues ensures that our technical expertise is in great demand around the world.**
- **Taking action could mean providing technical assistance to other Canadian organizations acting globally, international NGOs/ASOs, sponsors of large-scale or multi-disciplinary projects (e.g. CIDA, World Bank, Health Canada, UNAIDS).**

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Case In Point

Monitoring the Emergence of HIV-1 Resistance to Antiretroviral Drugs in Latin America

Health Canada, in conjunction with others, launched this project to evaluate and identify appropriate laboratory techniques for screening HIV-1 genetic markers of resistance to antiretroviral drugs. The project included technology transfer and the training of laboratory scientists in appropriate methods for monitoring HIV-1 drug resistance.

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4. Taking Action

Contribute to International Research Efforts

- **The results of forward-thinking scientific and behavioural research provide the foundation upon which other HIV/AIDS interventions are developed and implemented.**
- **Several promising areas of Canadian research that can benefit the entire world include the development of female condoms and microbicides, and studies on the genetics and immunology of resistance to HIV infections.**

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Case In Point

The Biology of Sexually Transmitted Diseases

This project is a collaboration between scientists from the Universities of Toronto, Manitoba and Nairobi whose goal is to determine new ways to prevent and treat sexually transmitted infections. The project partners will provide the target population of the study, namely commercial sex workers and children, with access to better health care.

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4. Taking Action

Advance and Protect Human Rights

- **The protection of human rights is essential to safeguard human dignity in the face of HIV/AIDS as well as to ensure an effective response to the disease.**
- **NGOs, including networks of people living with HIV/AIDS, can play a critical role by formulating policy, engaging in advocacy and capacity building, and developing support services.**

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Case In Point

Partnership Between the AIDS Law Project (South Africa) and The Canadian HIV/AIDS Legal Network Partnership

The above two organizations signed a formal partnership agreement in 1998 to work together to improve awareness and understanding of the ethical, legal and human rights impact of the global spread of HIV/AIDS as well as jointly undertake research, network creation and other educational activities.

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4. Taking Action

Enhance Care and Support Infrastructure

- **Antiretroviral drug and combination drug therapies are too expensive for the developing world. It is therefore necessary to develop more cost-effective care and support strategies.**
- **Program ideas include establishing AIDS orphanages and hospices, developing medical, social, psychological and nutritional care and counseling centres, and establishing control programs for other opportunistic diseases.**

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Case In Point

Rainbow House

Reaching and caring for children orphaned by AIDS or infected with HIV in Haiti is the focus of Rainbow House, a project established in 1995 by Foster Parents Plan of Canada in conjunction with two Haiti-based organizations. At Rainbow House, children are provided access to proper medical, social, psychological and nutritional care, support and counseling.

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5. Getting Started

Embarking Upon Your Own Response

- **Determine areas of strength or "comparative advantage"**
- **Identify institutional readiness to undertake international HIV work**
- **Understand the challenges that you will face**
- **Determine senior management commitment to acting globally**

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5. Getting Started

Embarking Upon Your Own Response

- **Build a detailed plan**
- **Identify and secure possible partners for your initiative**
- **Solicit and secure program financing**
- **Seek the counsel of others**

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Case In Point

Beyond Our Borders: A Guide to Twinning for HIV/AIDS Organizations

ICAD has developed this comprehensive guidebook on twinning that defines the benefits of twinning and highlights real-world examples.

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Additional Information

- **International Affairs Directorate, Health Canada**
- **Canadian International Development Agency**
- **UNAIDS**
- **Interagency Coalition on AIDS and Development**
- **Canadian AIDS Society**
- **The Canadian Public Health Organization**
- **Canadian Association for HIV Research**

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Additional Information

- **Canadian Foundation for AIDS Research**
- **Canadian HIV/AIDS Trials Network**
- **The Canadian HIV/AIDS Clearinghouse**
- **Community AIDS Treatment Information Exchange**
- **International Council of AIDS Service Organizations**
- **Canadian HIV/AIDS Legal Network**

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Additional Information

- **Canadian Treatment Advocates Council**
- **Pan American Health Organization**
- **Canadian Aboriginal AIDS Network**
- **World Health Organization**

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4. Taking Action

Build Communities and Their Capacity

- To prevent the continued spread of HIV and mitigate impact, investments must be made in communities to build their capacity to deal with the epidemic and sustain an effective response.
- Program ideas include training in public awareness strategies, providing tools to engage the private sector, supporting advocacy groups, providing training in organizational development, and preparing sites for clinical trials of promising preventative measures.

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Case In Point

Operation Blessing Guyana

In 1997/98, Casey House Hospice partnered with the Black Coalition for AIDS Prevention (BlackCAP) to undertake a community development project in Guyana. Using a train-the-trainer model, the intent of the program was to equip representatives from Guyana with additional skills and knowledge in order to enhance their response to HIV/AIDS.

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4. Taking Action

Intervene Through Prevention and Education

- While there is no known cure for HIV, it is a preventable disease.
- Program ideas include STD prevention, condom promotion and distribution, workplace HIV/AIDS policy development and HIV/AIDS awareness program implementation.

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Case In Point

Southern Africa AIDS Training Programme II (SATII)

The Canadian Public Health Association has led the SATII project which provides financial assistance, institutional support and capacity building training to community-based organizations working in HIV/AIDS. With a total of 150 projects on the go, SATII focuses its efforts on HIV prevention, counseling and care, and advocacy in gender and human rights.

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4. Taking Action

Promising Program Directions

- Prevention of mother-to-child transmission of HIV
- Voluntary testing and counseling programs
- Supporting blood safety programs
- Harm reduction programs for intravenous drug users
- Workplace HIV/AIDS policy development and awareness program

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4. Taking Action

Promising Program Directions

- Home-based care and psychosocial support programs
- Control of other infectious diseases, especially tuberculosis
- Address root causes of vulnerability by improving economic opportunities in affected regions
- Encourage the full participation of your community in all aspects of the response to AIDS

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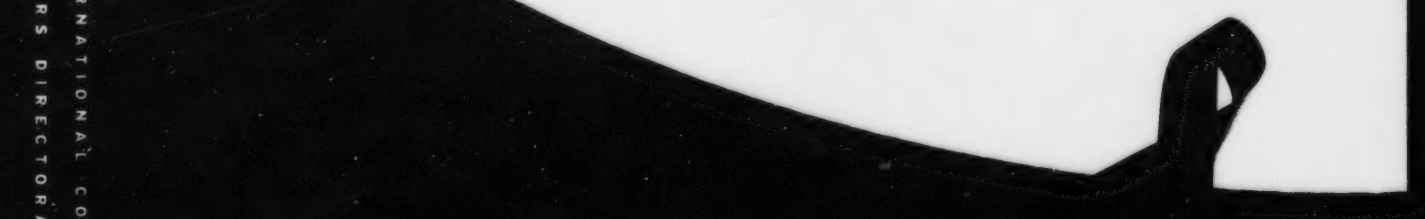

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Health Canada

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To Share and To Learn:
The Case for Canadians to Act Globally Against HIV/AIDS

On May 28, 1998, the Minister of Health launched the Canadian Strategy on HIV/AIDS, a new approach to address the HIV/AIDS epidemic in Canada. The outcome of a unique, national stakeholder-led consultation process conducted in the Fall of 1997, the Strategy is far-reaching. To increase Canada's participation in international HIV/AIDS activities, the Strategy facilitates collaboration among non-governmental organizations (NGOs), academic institutions, government departments and agencies and international organizations. At the same time, the Strategy aims to embrace the skills of these Canadian participants in international HIV/AIDS work.

Health Canada's International Affairs Directorate is principally responsible for carrying out the international collaboration element of the Strategy and is the sponsor of this publication, *The Case for Canadians to Act Globally in HIV/AIDS*. Developed with the assistance of the Working Group on International HIV/AIDS Issues, the goals of *The Case for Canadians to Act Globally in HIV/AIDS* are:

- to enhance one's understanding of the severity and devastating impact of the global HIV/AIDS epidemic;
- to highlight the many ways in which individuals and organizations can become involved in or collaborate with others in the global fight against HIV/AIDS;
- to briefly profile the activities of Canadians who have taken a leadership role in HIV/AIDS projects worldwide;
- together with the presentation package, to provide readers with the tools, insight and convincing evidence necessary to mobilize greater involvement in international HIV/AIDS initiatives; and
- to feature some of the benefits that accrue to organizations and individuals as a result of their participation in international HIV/AIDS activities.

Canada's Unique Leadership Advantage

As Canadians, we have a celebrated history and internationally acclaimed reputation as responsible global citizens. As team players, therefore, we are committed to working with others to combat the most acute and devastating

humanitarian challenges - a designation for which the global HIV/AIDS epidemic most certainly qualifies. More than that, however, Canada possesses a unique leadership advantage in HIV/AIDS issues, given our activities over the past fifteen years since we first responded to the epidemic domestically. Many of our universities, community-based AIDS service organizations and government agencies have developed a great deal of expertise and credibility in HIV/AIDS policy development, programming and capacity building. Canadian researchers diligently toiling in this area have likewise established international credibility and a proven track record of contribution to enhancing the collective body of HIV/AIDS knowledge while strengthening collaborative partnerships.

These things, together with our visible support of human rights, the commitment to HIV/AIDS embodied in the new Canadian Strategy on HIV/AIDS, and our historically convivial ties with various countries around the world, confirm that Canadians have much to share and learn in the global response to this epidemic. Our theme, *To Share and To Learn* embodies this fundamental conviction and underscores that to which many of who have gone before you will most certainly attest: engaging in international HIV/AIDS work can produce very significant results.

How Can You Use This Case?

The Case for Canadians to Act Globally Against HIV/AIDS has been designed to be adaptable to, and appropriate for, several different audiences. From government policy makers, members of NGOs, academics and media professionals, to fund development personnel, economists, board members and business leaders, many individuals can benefit from the information presented in the *Case*. Given the diversity of the intended audience, the *Case* should not be considered, nor was it designed to be, a complete or stand-alone communications package for any *individual* audience. Stated another way, some lines of reasoning may not be of value for every application. Users of the *Case* are therefore encouraged to extract from the *Case* those elements that are most appropriate for their specific context and needs. Indeed, the inclusion of the PowerPoint presentation allows users to easily customize their approach and ensure the greatest impact of the information upon any given audience.

1 The Facts: The Global HIV/AIDS Situation

When it comes to the international HIV/AIDS situation, the numbers do not lie, and in fact, they confirm the dire predictions of the past. Virtually every country in the world is experiencing new HIV infections, with the HIV epidemic spreading rapidly in many nations.

The Global Picture

fast **FACT**

By 2004, AIDS is expected to be the leading cause of death on the entire planet.

According to the June 2000 Report on the Global HIV/AIDS epidemic, published by the Joint United National Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO), by the end of 1999 the number of people living with HIV worldwide had grown to more than 34.3 million people - more than the entire population of Canada. As remarkable, in 1999 alone, an estimated 11 men, women and children became infected every minute, representing some 15,000 new infections every day, or more than 5.4 million for the entire year.

they **SAID**

"By any measure, the HIV/AIDS pandemic is the most terrible undeclared war in the world, with the whole of sub-Saharan Africa a killing field."

Carol Bellamy
UNICEF Executive Director

While our attention must rightly focus on caring for those who are infected with HIV/AIDS and influencing those who are not, we must never forget those who have already fallen victim to AIDS. Since the emergence of the AIDS epidemic two decades ago, more than 53 million people have been infected with HIV. The math is therefore as simple as it is compelling: by the end of 1999, almost 18.8 million people had died from an AIDS-related illness. In fact, 2.8 million people died in 1999 alone, a number that is rising every year and that surpassed deaths caused by one of the world's other top infectious diseases, malaria, by a factor of more than two-and-a-half times.

Globally, more than 1 in every 100 adults aged 15 to 49 is HIV-infected - people from all walks of life. Today, at least 80 per cent of these infections are due to heterosexual transmission, with women comprising 46% of all those infected.

Regional Devastation Abounds

While HIV/AIDS has had, and will continue to have, a considerable impact in Canada and the United States, where an estimated 900,000 adults and children are living with the disease, the global HIV/AIDS epidemic is one that largely affects the developing world. Consider this: more than 95% of all HIV-infected people now live in the developing world. Likewise, the developing world suffers 95% of all deaths related to AIDS. Indicators now suggest that unless a cure is found for the disease, by the year 2020 HIV will be responsible for up to 50% of all adult deaths from infectious diseases in the developing world.

One can barely comprehend the havoc wreaked by HIV/AIDS in sub-Saharan Africa. By the end of 1999, 24.5 million people, or one in every 12 adults, were living with HIV/AIDS in this vast region south of the Sahara Desert. Despite the fact that it is home to only 10 per cent of the world's population, 70% of the people in the world who became HIV-infected in 1999 are from this region. In 1999, 2.2 million people (almost 80% of the world's total for that year) died of an AIDS-related disease – a staggering 6,000 funerals every day of the year. South Africa has emerged as a current epicentre for HIV/AIDS, with experts suggesting that one in seven of Africa's new HIV infections occur in this country alone. Taken together, AIDS has now eclipsed armed conflict as the number one killer of Africans.

Today, however, another HIV/AIDS epicentre is emerging in Asia, where new HIV infections will soon surpass every other region in the world. More than 6.1 million people are HIV positive in countries such as Thailand, Cambodia, India and China, the latter two being the most populous countries on the globe. In the last three years alone, some 3 million people became infected with HIV in India and China. India now has about 3.7 million HIV positive adults. Prevalence rates for HIV have skyrocketed in virtually every country in this region and portend a disaster likely to be every bit as devastating as the one that is currently killing one-quarter of the labour force in sub-Saharan Africa. Even regions that have traditionally exhibited relatively low levels of HIV infection are now experiencing rapid increases. HIV is spreading in eastern and central Europe, Latin America and the Caribbean. Since the life cycle of HIV infection and AIDS-related death can be as long as 10 years in

fast FACT

According to the 2000 UNAIDS Report, there are thirteen HIV positive African women for every ten HIV positive African men.

they SAID

"AIDS, like any infectious disease, will not be defeated anywhere until it is defeated everywhere."

Dr. Peter Piot, Executive Director Joint United Nations Programme on HIV/AIDS

developing countries, combined with the fact that many people in these regions are not aware of their HIV status, it is likely that we have yet to see the full extent of the damage caused by the epidemic.

HIV/AIDS is Ravaging Our World's Adult Population

At the end of 1999, 33.0 million of the 34.3 million people living with HIV/AIDS were between the ages of 15 and 49 - people in the prime of their economic and reproductive lives. Forty-seven per cent, or 15.7 million of these people, were women, reinforcing the fact that HIV/AIDS makes no distinction on the basis of gender or sexual orientation.

Contemplate the effect of the disappearance of one-quarter of any given country's adult population. That's precisely what is about to happen in the southern part of the African continent. Estimates show that in countries such as Botswana, Namibia, Swaziland and Zimbabwe, between 19 per cent and 36 per cent of people aged 15 to 49 are living with HIV/AIDS. And while the HIV/AIDS epidemic in other parts of Africa is less acute, still more than 1 in 10 adults are HIV-infected in the Central African Republic, Côte d'Ivoire, Ethiopia and Kenya.

Children Bear the Brunt of HIV/AIDS

From the start of the epidemic in the late 1970s until the end of 1999, more than 4.4 million children under the age of 15 contracted HIV/AIDS. 3.8 million of these children have already died. 1999 was a particularly tragic year, with almost 620,000 children being added to the ranks of the HIV-infected, while another 500,000 lost their lives to HIV/AIDS. More children are contracting HIV than ever before, and there is no sign that the rate of infection is slowing.

Again spotlighting sub-Saharan Africa, in 23 of 25 HIV/AIDS surveillance sites in Zimbabwe, anonymous blood testing of pregnant woman in 1997 showed that 20% to 50% of all pregnant women were infected – largely women whose only risk behaviour was having a sexual relationship with their own husbands. Mother-to-child transmission of HIV is a growing problem and, in the case of these Zimbabwean women, at least one-third of them are likely to pass the infection on to their infants through the simple act of breast-feeding.

they SAID

"AIDS is a global issue. It forces us to bring all our understanding together - of security, health, economics, social and cultural change. It forces us to bring all actors together - from developed and developing countries, communities and governments, business and NGOs, science, faith and civil society."

James D. Wolfensohn, President
The World Bank

Of course, children need not be *infected* with HIV/AIDS to be *affected* by the blunt force of the epidemic. By the end of 2000, it is estimated that a cumulative total of more than 13 million children - the majority in Africa - will have lost their mothers or both parents to AIDS. It is estimated that close to 2 million children were orphaned by AIDS in 1998 alone, and 90 per cent of those lived in sub-Saharan Africa. According to UNICEF and based on UNAIDS projections, AIDS will kill enough adults in Africa by 2001 to create more than 13 million additional orphans, and by 2010, the number of children who will be orphaned because of AIDS is expected to exceed 40 million worldwide – many of whom will end up undernourished, undereducated, in poor health and living on the streets where they are at a greater risk of contracting HIV themselves.

fast FACT

Before AIDS, about 2 per cent of all children in developing countries were orphans. By 1997, the figure had jumped to 7 per cent in many African countries. In some countries, the figures run as high as 11 per cent.

HIV/AIDS is Racing Through the Drug-Injecting Community

As we now know well, individuals who inject drugs have an especially high risk of contracting HIV or passing on the virus to others. Sharing drug-injecting equipment without sterilizing it between users is an effective way of spreading HIV, and where equipment sharing is common, HIV infection has raced through drug-injecting populations with alarming speed.

fast FACT

An outreach program for drug injectors in St. Petersburg reported clients as young as 12, with the percentage of clients aged 14 or less rising from 0.1 per cent in 1997 to 2 per cent in the first quarter of 1999.

In the newly independent states of the former Soviet Union, the high prevalence of injecting drug use was largely responsible for the proportion of the population living with HIV doubling between the end of 1997 and the end of 1999. In the larger region comprising the former USSR as well as the remainder of central and eastern Europe, UNAIDS estimates that the number of infected people rose by a third over the course of 1999, reaching a total of 420,000. What's especially problematic is that since injection drug use is illegal, it is very difficult to estimate the size of the population of injection drug users, let alone the extent to which they are linked to sexual networks with non-injectors. What is more certain, however, is that HIV/AIDS incidence as a result of injecting drug use is on the rise in eastern Europe, central Asia, the eastern Mediterranean region and elsewhere and is a problem in need of immediate attention.

2 The Impact: What the HIV/AIDS Epidemic Means

The sheer enormity of the numbers can sometimes overwhelm and mask one's understanding of the real, and sometimes less visible, impact of the HIV/AIDS epidemic. Indeed, to properly understand the HIV/AIDS epidemic requires looking beyond summary statistics of deaths and infections to other qualitative and quantitative indictors and observations. By doing so, much authority is given to the widespread belief that HIV/AIDS is today's greatest threat to continued social and economic development. The pandemic has demonstrably reversed many of the development gains that governments, citizens, non-governmental organizations and international organizations have worked for decades to achieve.

fast FACT

Tuberculosis is the most common opportunistic infection among people living with HIV in Africa. In the year 2000, 2.1 million new cases of tuberculosis are projected to occur there, a 43% increase over 1995 levels, entirely attributable to the HIV epidemic.

HIV/AIDS Reduces Life Expectancy

Among the several factors used to measure overall human development, life expectancy at birth is one of the most important. The severity of the HIV/AIDS epidemic in any given region proportionally affects life expectancy. In Botswana, a child born early next decade can expect to live just past its 40th birthday. Before AIDS, that child could have expected to live to the age of 70. In the African countries with the highest HIV prevalence, UNAIDS estimates now indicate that AIDS has reduced life expectancy to an average of 47 years (levels not seen since the 1960s), in contrast to the 64 years that would have been achieved by 2010-2015 in the absence of HIV/AIDS. The effect of the disease is not limited to Africa, however. According to the U.S. Bureau of Census Projections, by 2010, Honduras will see a 14-year drop in life expectancy, Brazil 8 years, and Haiti almost 5 years.

HIV/AIDS Harms Child Survival

The significant erosion of life expectancy in the epicentres of HIV/AIDS is attributable to more than the deaths of young or middle-aged adults. HIV/AIDS has exacted a huge toll on child survival rates and is reversing years of hard-won development gains.

A review of child mortality rates, defined as the probability of a child dying before the age of 5, tells a particularly chilling story. According to the U.S. Bureau of the Census, by 2010 child mortality in South Africa will be approximately 99.5 per 1,000 live births, but it would have been 48.5 per 1,000 live births without AIDS. In Namibia, child mortality by 2010 will be 119 per 1,000 live births but would have been only 37.5 per 1,000 live births without AIDS; in Honduras, 55.2 per 1,000 live births compared with 29.2 per 1,000 live births without AIDS; Kenya, 105.2 versus 45.4 without AIDS; and in Botswana, 119.5 per 1,000 compared with 38.3 per 1,000 live births without AIDS. The future impact on the social and economic fabric of these countries will no doubt be enormous.

fast **FACT**

The cost of anti-retroviral (ARV) treatments, commonplace in North America, can far exceed the total incomes of most families burdened with HIV/AIDS, thus rendering this option largely inaccessible. The cost of an ARV treatment in Thailand, for example, is approximately $8,000 U.S. per year.

HIV/AIDS Burdens Health Care Systems

While HIV/AIDS affects virtually every sector of society, the health care system of any given country is invariably the first to experience the impact of the disease. HIV/AIDS is overwhelming health care systems in the most affected countries and is leading to a massive increase in total national expenditures on health for such things as blood safety, HIV/AIDS surveillance, STD treatment, primary and palliative care, and HIV/AIDS awareness campaigns. In many countries, AIDS and opportunistic diseases like tuberculosis are thinning the ranks of health care personnel and are adversely affecting health service delivery, with the net effect being that health care costs are increasing while the total availability of health care is dropping for everyone. Unfortunately, it is the poor who have been, and will continue to be, affected the most.

According to the World Bank, the average country's annual treatment cost of HIV/AIDS is approximately 2.7 times GNP per capita. Stated another way, on average, the cost of treating an AIDS patient for one year is the same as educating 10 primary school students for a year.

fast **FACT**

Despite their high cost, ARV treatments can lead to substantial reductions in health care costs. In Brazil in 1999, for instance, some US $300 million was spent on ARV treatments, thereby averting an estimated $136 million in hospital admission and treatment costs alone for people with HIV.

As the disease mounts and continues to exact its toll, AIDS treatment is consuming more and more scarce public resources. In the face of AIDS, there is little hope that basic health improvements can be achieved, whether it is lower child mortality or reduced mortality from other infectious diseases like malaria.

HIV/AIDS Exacerbates Poverty and Inequality

fast
FACT

In Côte d'Ivoire, Zambia and Zimbabwe, HIV-infected patients occupy as much as 50 per cent to 80 per cent of all beds in urban hospitals.

The economic impact of each AIDS case is greater than that of other diseases, as it is most likely to devastate people during their most productive years. Once HIV/AIDS enters a household, the effects are felt immediately. Expenditures for health care, combined with the loss of income that results from absenteeism, disability or the permanent cessation of work, make poor people poorer and strike a blow to their ability to improve their economic condition. Studies in urban households of Côte d'Ivoire, for example, show that when a family member has AIDS, average income falls by 52 to 67 per cent, while expenditures on health care quadruple.

What's more, HIV/AIDS can radically alter the distribution of income in a society and create new pockets of poverty. As is often the case, the death or severe impairment of a parent as a result of AIDS means children are removed from school to increase household labour and reduce educational expenses, the long-term effect being a significant loss of future earning potential. In many devastated countries, widows with no means of support often turn to the commercial sex trade to generate income for infected and affected family members. Hence, a new cycle begins, as such activities increase women's risk of infection and premature death, as well as the possible transmission of the disease to future children. Entire populations are battling with this cycle of despair and are becoming increasingly less productive and encumbered with the additional burdens associated with AIDS orphans.

HIV/AIDS Afflicts the Education System

A skilled and educated population is fundamental to any country's future economic performance, political stability and social progression. The scarce resources that countries with high HIV/AIDS incidence have already invested in education, not to mention those that have been made by developed countries through international aid organizations, are being diverted as a result of the escalating costs of the pandemic. Because of their own illness, the requirement to earn money or the necessity to care for family members infected with HIV, millions of school-aged children and teachers are dropping out of the education system.

Young girls are particularly affected by HIV/AIDS from an education perspective. For social and economic reasons, many parents keep their children, especially girls, out of school. Not only does this phenomenon decrease female education throughout hard-hit countries, it keeps young girls out of a forum that has traditionally been effective in communicating HIV/AIDS prevention programs and messages. Consequently, lower levels of female education have short-circuited the gains that have been made in the past three decades in health, family planning and nutrition.

they SAID

"AIDS erodes the *demand* for education, as more and more children and families are affected. AIDS diminishes the *supply* of teachers and with it, of course, the *quality* of education that is provided". Furthermore, over a hundred million children, the majority from developing countries, lack access to primary education. This translates into reduced opportunities to learn about AIDS, STD prevention and healthy sexuality.

UNAIDS Executive Director Peter Piot, World Education Forum in Dakar, Senegal, April 26, 2000

HIV/AIDS Strikes Business and the Economy

As we now know, when HIV/AIDS strikes, it is likely to affect a working person. The main effects of HIV/AIDS on business are the decreased availability of skilled workers and increased labour costs resulting from absenteeism due to disease and family bereavement, higher turnover, additional recruitment, employee training and development, and welfare expenditures for such items as medical insurance and benefits. As anecdotal evidence suggests, deaths of senior managers as a result of AIDS can be particularly costly and have led to the complete management restructuring of companies.

fast FACT

Nearly 19 per cent of all skilled labourers in South Africa will have HIV by 2015.

Some sectors, such as transportation and mining, know HIV/AIDS all too well. As a general proposition, large-scale construction projects and mining operations have inadvertently stimulated the spread of HIV/AIDS. In such settings, an amalgam of factors, including workers being away from their families for extended periods of time, the existence of barrack-style living accommodations, relatively high rates of pay, the growth of the commercial sex trade around such projects and the dangerous nature of many of these jobs, have resulted in people pursuing lifestyles inherently more risky than they might otherwise have led. HIV infections expand further when these same workers return to their spouses and families when their migrant work is complete.

Agriculture is the largest economic sector employing the majority of workers in many of the countries hardest hit by HIV/AIDS and is responsible for providing the export revenues to fuel growth and development. The loss of adults to AIDS, however, often means a shift from cash crop to subsistence farming and reduced investments in irrigation and other capital improvements. Such unfortunate trends result in less agricultural output, increased poverty and regional disparities, a declining capacity to meet basic nutritional needs, and of course, an increased vulnerability to further HIV infection.

fast FACT

The March 24, 2000 World Bank Development Committee Report on HIV/AIDS states that the epidemic has a substantial negative impact on economic growth. On one sugar estate in Kenya where 25 per cent of the workforce was HIV positive, company spending on funerals increased 500 per cent and direct health expenditures rose 1,000 per cent in eight years.

HIV/AIDS Erodes Human Rights and Increases Gender Inequities

Discrimination against persons living with HIV/AIDS and those otherwise affected by the disease is widespread. This discrimination takes place in many settings, manifests itself in many forms and cuts across all manner of disability, sexual orientation, gender and race. Discrimination occurs in housing, the workplace, prisons and health care settings. It affects access to medical care and the way care is provided. For people living with or affected by HIV/AIDS, discrimination has influenced decisions about custody issues and access to their children. The right to confidentiality and privacy in relation to HIV status is often violated, and it is not uncommon for insurance benefits to be denied or cancelled outright. The antiretroviral drugs and multiple drug therapies that have been used successfully to extend and improve the quality of life for individuals with HIV/AIDS in high-income countries are unaffordable and inaccessible in the developing world, constituting what is often considered an abuse of the right to up-to-date medical care. Traditional inheritance laws often adversely affect and marginalize women in particular, leaving them more likely to face the burden of poverty and sometimes resulting in subsequent involvement in high-risk behaviour such as sex work. Women are also more likely to be abused by their partners because of the stigma attached to AIDS, even if they contracted the virus from their partner.

Blatant incidents of discrimination have occurred, but much of it is more subtle. Discrimination causes distress to its victims, their families and friends and hinders the community's efforts to minimize HIV transmission effectively and efficiently and tend to those already infected. Indeed, many of those affected by the epidemic actively avoid detection and contact with health and social services, given the discriminatory practices common in many countries. As a result, those most in need of information, education and counselling are driven underground, perpetuating a vicious cycle of additional infection.

they SAID

"Persons with HIV/AIDS face double jeopardy: they face death, and while they are fighting for their lives, they often face discrimination. This discrimination is manifested in all areas of life — from health care to housing, from education to work to travel. It is generally based on ignorance and prejudice and is expressed in particularly harsh forms against the most vulnerable: homosexual men, women, children, prisoners, and refugees among them. Whereas most illnesses produce sympathy and support from family, friends and neighbours, persons with AIDS are frequently feared and shunned."

R. Cohen and L.S. Wiseberg
Double Jeopardy: Threat to Life and Human Rights,
Human Rights Internet

fast FACT

In Cambodia, HIV prevalence in the military stands around 7 per cent, and one estimate suggests that as many as 80 per cent of the members of the Botswanian defence force are HIV positive.

HIV/AIDS Diminishes Political Stability and National Security

fast
FACT

In most countries, rates of sexually transmitted infetion (STI) among the military are generally 2 to 5 times higher than STI rates in comparable civilian populations – even in time of peace. In times of foreign deployment and in conflict situations, the risks go very much higher. The higher risk among the military also applies to the rate of infection with the HIV virus, which is, after all, one more STI.

Life in the military is inherently risky. Faced with the prospect of dying in combat or through enforcing national security, many young people in the military, separated from their families for extended periods see sex as a source of comfort rather than one of acute danger. In many countries of the world, notably Zimbabwe, Cameroon and Cambodia, the incidence of HIV-infected military personnel, including officers and enlisted members, is remarkable and is gradually weakening the capacity of militaries to achieve basic objectives, including ensuring national security, maintaining civil order and providing personnel for peacekeeping duties.

HIV/AIDS has had, and will continue to have, severe repercussions for political stability. The spread of the disease, if left unchecked, will affect governance and leadership and will undermine government's ability to deal with civil strife, refugee flows, rapid urbanization and poverty – all of which are conducive to the spread of HIV/AIDS. Indeed, in many African countries, the ranks of the civil service, which often contain a country's most educated and experienced workers, have been thinned as a result of HIV/AIDS, leaving a substantial administrative void.

With children who have lost parents eventually accounting for up to one-third of the population under 15 in some countries, a lost generation of disadvantaged, undereducated and disaffected youth will only contribute to internal unrest, destabilization and economic underperformance. The recent political turmoil and civil strife in and around Rwanda and Burundi, an international tragedy by any measure, may unfortunately be more commonplace in the future as civil authorities buckle under the weight of the epidemic and its devastating impact.

HIV/AIDS Diminishes Human Security

The concept of "human security" means safety for people from both violent and non-violent threats. It is a condition characterized by freedom from pervasive threats - which include infectious disease - to people's rights, their safety or even their lives, and entails taking preventive measures to reduce vulnerability and minimize risk.

By any measure, HIV/AIDS is a pervasive threat, and its severity will continue to have a deleterious impact on human security around the world. In the regions most affected by HIV/AIDS, human security has declined remarkably and has led to social unrest, erosions in national security, increases in discrimination and marginalization, and a crumbling environment for human development. The effects of declining human security in countries hard-hit by HIV/AIDS extend beyond those regions, however. In the current era of trade globalization, technological advancements and massive cross-border flows, human security shocks in one part of the world lead rapidly to crises in another, with devastating implications for the security of the world's most vulnerable populations.

fast FACT

The United Nations Security Council's January 2000 meeting that focussed on the global AIDS epidemic was the first time the UN Security Council met to discuss a health issue. Evidently, AIDS has greater ramifications that extend beyond domestic health systems. In a follow up to this unprecedented UN meeting, the United States announced May 2, 2000 that it considers the spread of HIV around the world a threat to national security.

3 The Rationale: It Makes Sense to Act Globally

Reviewing the numbers surrounding HIV incidence and mortality, in addition promoting an understanding of how these numbers translate into human impact terms clearly reinforces the fact that the worldwide HIV/AIDS epidemic demands our immediate humanitarian attention and support, as Canadians and as global citizens.

By itself, however, a quantitative rationale does not make the case for Canadians to act globally in response to HIV/AIDS. Compelling *qualitative* arguments abound as to why Canadian organizations and individuals should, indeed must, join the international fight against HIV/AIDS.

Canada Has Committed Itself to Help

In many respects, Canada has already committed itself to playing an active role in combating the HIV/AIDS epidemic worldwide. The Canadian Strategy on HIV/AIDS calls for active participation in international HIV/AIDS activities as well as efforts to facilitate collaboration among those working in the field. Canada's strong support of the Convention on the Rights of the Child, as well as the United Nations' International Guidelines on HIV/AIDS and Human Rights, are additional political pledges we have made and must surely fulfil.

Canadians and their institutions have exhibited great compassion and have offered superlative levels of humanitarian assistance in the face of global human tragedies time and time again. From Canada's participation in the international and multi-billion dollar response to the Kosovo crisis, to our peacekeeping support in Rwanda and East Timor, the precedent is well established that Canada is a nation that takes its ethical and moral obligations seriously and consistently offers a significant helping hand in times of great human suffering. Given the far-reaching implications of the HIV/AIDS epidemic to both the developing and the developed world, Canadians must treat this issue with the same level of care and foresight as other catastrophes such as war and genocide.

What's more, Canada's Department of Foreign Affairs and International Trade (DFAIT) has taken a leadership position in defining and advancing the "Human Security Agenda" which aims to enable an environment for productive human development. To achieve our goals for the Human Security Agenda, Canadians

they SAID

"HIV remains a worldwide issue that respects no boundaries and discriminates against no one. Ethically, politically and economically, it is vital to participate in the development of the global knowledge base and to help others by sharing Canada's experience and expertise."

Excerpt from The Canadian Strategy on HIV/AIDS

they SAID

"In 2001, the United Nations General Assembly will hold a special session on children. In the spirit of partnership that led to the historic treaty banning landmines, the Government will work to reach key international agreements to protect the rights of children ... and will help address the crisis of children affected by the HIV/AIDS epidemic."

Speech from the Throne to open the second session of the thirty-sixth Parliament of Canada, October 1999

must collaborate with others in HIV/AIDS vaccine research and development, attempt to make treatments more accessible throughout the world, focus on means to eradicate the disease and of course, minimize the effects of the disease including addressing the increasing number of orphaned children. Engendering an active response to the international HIV/AIDS epidemic will be to the benefit of both Canadians and our international counterparts.

We Are Internationally Recognized Leaders

Canada, perhaps more than any other nation in the world, has established a distinguished history and earned an enviable reputation as a diverse, caring and outward-looking society, committed to providing significant humanitarian support to those in peril and in need of our assistance.

Canada's contribution to and work with NATO over the past decades; our leadership in the international effort to ban landmines that resulted in the groundbreaking *Ottawa Protocol*; our efforts in stabilizing the situation surrounding the devastating Kosovo crisis, and our recent intervention in East Timor are all examples illustrating that when crisis strikes around the world, Canadians are prepared to lend a helping hand and play a leadership role.

Canada has also set a precedent as a leader in areas of scientific and medical research and development. Specifically, Canada's pioneering work in the discovery of 3TC, led initially by the late Dr. Bernard Belleau and later by Dr. Mark Wainberg, confirms that we have made significant international contributions to the fight against HIV/AIDS and have improved the quality of life for millions of people.

Many countries look to Canada's track record of leadership. When we act, other countries take note, and then often take action, too. Our continued leadership in humanitarian, medical research and development issues, just to name a few, means that we will help stimulate a broader, more comprehensive global response. And when it comes to combating the HIV/AIDS pandemic, the contribution of Canada and other leading developed countries is nothing short of essential.

they
SAID

"In the post Cold War world, it is more and more possible for foreign policy to focus not only on relations between states but on the needs of people, needs that transcend borders: addressing the human side of globalization; human security; cultural diversity and human rights. The more that people are safe and secure in their own countries, the more that Canadians can live in safety and security at home. And our quality of life will be higher."

The Right Honourable Jean Chrétien
Prime Minister of Canada

We Must Ensure the Sustainability of Our Development Initiatives

Over the past few decades, Canadian taxpayers, through organizations like the Canadian International Development Agency (CIDA), the United Nations and the World Bank, have invested billions of dollars in health, family planning, education, infrastructure, community building, agriculture and poverty alleviation in the developing world.

In countries where HIV/AIDS has ravaged their populations, decades of hard-won development gains made possible by the investments of Canada and many other countires, are being eroded, if not eliminated entirely. Reversing this situation will require the investment of billions more in HIV prevention, education and treatment – investments that already fragile nations are ill-equipped to afford.

We must also take concerted steps now to protect the development gains our taxpayers have helped finance and are still financing in the parts of the world where the HIV/AIDS epidemic is still emerging and not yet out-of-control. It would simply be wrong for us to allow the epidemic to evolve unchecked in those parts of the world and permit it to grow to the extent of devastation wrought on Africa.

they
SAID

"HIV/AIDS is killing millions of people. In just ten years, there will be more than 40 million orphaned children who will lose parents to AIDS and millions more will lose teachers and health care providers. All countries have a responsibility to aggressively and unrelentingly attack this disease."

The Honourable Maria Minna
Minister for International Cooperation

It is in Our Economic Interest

Being a resource-rich and export-oriented country, Canada counts on the sustained vibrancy of other world markets and the emergence of new ones for its own economic growth and stability. The tens of millions of people who are infected or affected by AIDS represent our own consumers and export markets. The political and social destabilization that often accompanies a massive HIV/AIDS outbreak, particularly if it occurred in countries with fragile democracies like those of the former Soviet Union, could be particularly damaging to the Canadian economy. To the extent possible, we must engage ourselves internationally to ensure hard-hit countries maintain some semblance of economic stability. Indeed, the marked economic impact in Canada of the so-called "Asian Flu" in the latter part of 1998 proves the point that we operate in a highly complex and interdependent world economy where unfortunate events have profound effects thousands of miles from their source.

It Can Enhance Our Domestic Response

Since the beginning of the HIV/AIDS epidemic two decades ago, Canada and its citizens have invested hundreds of millions of dollars in HIV prevention, treatment and research projects and programs. While much progress has been made, our country is far from declaring a victory in the fight against AIDS.

Acting globally in HIV/AIDS offers us the unique ability to augment our skill sets and knowledge base and therefore buttress our ability to have a positive impact on HIV/AIDS-related issues in our own country. In many regions of the world that have been hit-hard by HIV/AIDS, innovative approaches to dealing with the epidemic have had to be designed and deployed in very challenging contexts, often characterized by scarce resources, massive urban/rural disparities, underdeveloped communications infrastructure, weak political commitment, and overwhelming cultural and linguistic diversity. Developing collaborative relationships with organizations in these regions can expose us to inventive strategies that may, indeed, have broad application in Canadian communities and abroad.

they SAID

"Given the success and popularity of using puppets in delivering messages about AIDS in rural Africa, we felt that this, too, could be a success in rural communities in Canada. Jigsimbiza's Puppets Against AIDS program spent three months delivering AIDS awareness and education programs in rural Canada. The puppets and street theatre of the Jigsimbiza Project engaged young audiences with its novelty and visual spectacle and was considered a remarkable success."

Patricia Murphy, Executive Director Newfoundland and Labrador AIDS Committee

they
SAID

"For almost a decade, the University of Manitoba has been collaborating in Kenya with the University of Nairobi, the government of Kenya, non-governmental organizations and other partners in a program to reduce the incidence of HIV infection and other sexually transmitted infections (STIs). The project has significantly raised the profile of the University of Manitoba, and indeed Canada, as a major global partner in the fight against HIV/AIDS. There have been numerous opportunities for training and collaboration for Canadians and Kenyans in both countries and the exchange has been extremely beneficial to all collaborators."

Stephen Moses
University of Manitoba

It Can Enhance the Capabilities and Reputation of Canadian NGOs and ASOs

While focusing on the HIV/AIDS epidemic in Canada or your own community is indeed a laudable and necessary activity, expanding the scope of your work beyond Canada's borders, when resources permit, can say a lot about your organization.

International action says that your organization is committed to essential humanitarian pursuits and is guided by a spirit of collaboration. It says your organization is open to new ideas, committed to its own development and to enriching the experience and expertise of its staff and those with whom it comes in contact. Acting globally says that your organization understands the complex and compelling interrelationship between the developing and the developed world and that, with one small step at a time, progress can be made in virtually any endeavour. And it says that your organization understands that networks of partnerships with others in diverse parts of the world will only augment your ability to deliver excellence in your own community. Consider the impact on your organization's reputation within the context of its public affairs, media relations, employee recruitment, morale and fund-raising activities. A reputation as a caring international citizen may indeed help you achieve your domestic objectives and position your organization favourably in the hearts and minds of others as you begin to assist those infected and affected by HIV/AIDS around the world.

fast
FACT

It is estimated that on any given day, more than 2 million people cross an international border.

It Can Reduce the Spread of HIV and Other Infectious Diseases

The infectious nature of HIV, as well as other diseases such as tuberculosis (the world's second leading infectious killer), combined with an increasingly mobile world population in search of meaningful employment and a higher standard of living, places Canadians at risk irrespective of the quality of controls and prevention programs we already have in place domestically. Our borders exist only as lines of demarcation on a map, and it would be wishful thinking to assume that we are better able to withstand future incursions of HIV and other infectious agents in our own country relative to other regions.

We Already Know What Works

Our country's collective experience and expertise in HIV prevention and education is substantial, and we have much to share with others. We know that an early and active response from all sectors of society encouraging safer behaviour among those most likely to contract and spread HIV has the potential to avert incredible suffering and to save millions of lives. Sharing our proven HIV prevention and education strategies with others is simply the humane and efficient thing to do and, indeed, can minimize the deleterious effects of the epidemic on world economies and social structures, including our own. In short, we can make a significant contribution and an immediate – and positive – impact.

According to studies conducted by UNAIDS and the World Bank, specific interventions encompassing social marketing, condom distribution, voluntary testing and counselling, the treatment of sexually transmitted diseases and peer education, among others, can remarkably change behaviour, reduce the risk of contracting HIV and alleviate the socio-economic impacts associated with the disease. We know, too, that these same strategies have allowed us to stem the tide of HIV/AIDS domestically in some groups, so it only makes sense for them to be implemented aggressively in high-risk and high-impact communities internationally.

The same holds true for our expertise in human rights, policy development, treatment, care and medical research, many of which are recognized as best practices internationally. Sharing this collective body of knowledge will allow Canadians to showcase their skills while simultaneously making a substantial contribution to stemming the global HIV/AIDS epidemic.

fast
FACT

In Uganda, sustained public awareness programs, subsidized condom sales and bolstered health services, supported by foreign donors to the tune of many millions of dollars, have been credited with a 40 per cent reduction in HIV prevalence among pregnant women in the past five years alone and an HIV prevalence rate of less than 10 per cent for young people, the lowest in the entire region.

fast
FACT

In Thailand, concerted government prevention efforts at the national and regional levels led to a rapid and sharp decline in new HIV and sexually transmitted infections.

they SAID

"The HIV/AIDS burden weighs most heavily on those countries who do not have the means to deal with this epidemic. Our partnership with UNAIDS will allow us to share our knowledge and expertise and make a difference to those struggling with this epidemic and those living with this disease."

The Honourable Allan Rock
Minister of Health

they SAID

"The HIV/AIDS epidemic should be seen for what it is: an international emergency of epic proportions, one that could claim more lives in the early part of the next century than World War II did in this century."

Lester Brown
President, WorldWatch Institute

It is Simply the Right Thing To Do

The preceding analysis, taken together, represents a compelling rationale for why Canadians should act globally in regard to HIV/AIDS. Setting aside this rationale for a moment, however, a powerful reason for acting globally in HIV/AIDS is simply that *it is the right thing to do*. Canadians are blessed with significant resources and expertise and a demonstrated capacity to help those in need. It would be inhumane and a case of wilful neglect for Canadians to stand by and witness the inexorable destruction of entire generations of men, women and children, particularly when we have the ability and resources to make a meaningful contribution. It is incumbent upon Canadians to help support the international effort against HIV/AIDS, and to help now.

4 Taking Action: What Can You Do to Act Globally?

Just what can you or your organization do to contribute globally? Some organizations may wish to learn more, and others may simply contribute financial or other valuable resources to those working in the field of HIV/AIDS care and prevention. Other organizations may want to go further, embarking upon programs in areas such as HIV education, treatment, human rights and research in collaboration with others internationally. Some individuals prefer to involve themselves in small-scale, community-based projects, while others choose to participate in large-scale initiatives involving multiple partners and millions of dollars. The key point is this: there are a multitude of ways that individuals and organizations from Canada can, one small step at a time, make a meaningful contribution to directly addressing the global HIV/AIDS epidemic.

In the following pages, you will learn about Canadian leaders who have responded to the epidemic in all four corners of the world and whose commitment and compassion stand as shining examples to us all. The range of ways in which Canadians have already acted globally illustrates that irrespective of your resources or influence in the HIV/AIDS movement, there is much you can do. Consider their stories when taking action.

they SAID

"Canada has a critical leadership role to play in assisting the global effort to address the growing threat of HIV/AIDS. Fulfilling this role has as much to do with protecting the strategic interests of Canadians as it does with expressing our humanitarian concerns. This pandemic is the silent enemy of economic growth, national well-being, and stability around the globe. Further, our collective hope of new markets, foreign investment and stable democracies could be threatened by the unbridled spread of HIV. The recent outbreaks in Russia and the Ukraine are sobering reminders that this danger applies worldwide."

Bruce Waring
Interagency Coalition on AIDS and Development

Assume a Leadership Role

As we have learned from our domestic experience with HIV/AIDS, an effective response is often a collective response - one the can manifest itself in many different ways. Canadian NGOs, ASOs and individuals need not think that getting involved in the international HIV/AIDS epidemic requires the launch of an expensive, multi-faceted or long-term project involving a large cast of supporting players. Even if you or your organization cannot mount your own program-based response, a significant contribution to fighting the global epidemic can consist of simply taking on an issue, assuming a leadership role and getting others interested and involved. In other words, informing other Canadians about how HIV/AIDS is ravaging the developing world is a key element in ensuring a stronger and more effective Canadian response.

There are many ways to achieve this. Consider developing a workplace awareness program in your own organization or in other agencies, NGOs or private sector firms around you. Inform them about the extent of the global HIV/AIDS epidemic through informal group or one-on-one settings. Take some time to educate your local media about how HIV/AIDS in distant parts of the world really affects us in Canada, too. Help raise money for Canadian NGOs and ASOs acting globally or for specific projects and organizations in hard-hit regions. Attend domestic and international HIV/AIDS symposia and conferences to share ideas, build networks and recruit other leaders with whom you can collaborate. Lead the charge to advocate on behalf of particularly marginalized groups like injection drug users, and support their needs by helping organize harm reduction programs in their communities. Speak to local, regional and federal politicians and encourage them to step forward publicly with expressions of support for fighting the global HIV/AIDS epidemic. Take up a collection in the community for school supplies, clothing and other resources that are desperately required by AIDS orphanages around the world struggling to meet the needs of their respective communities.

CASE IN POINT:
Interagency Coalition on AIDS and Development

Founded in 1990, the Interagency Coalition on HIV/AIDS and Development (ICAD) is a coalition of international development and AIDS service organizations whose mandate is to mobilize human and financial resources in Canada in response to HIV/AIDS in resource-poor communities and countries. ICAD has played an important leadership role in getting other organizations involved in international HIV/AIDS issues by, among other ways, producing a twinning guide (see page 34 for more details), helping to produce *Canada's International Response to HIV/AIDS* (1998) report, providing support for planning meetings of the Children and AIDS International NGO Network (CAINN), and collaborating with the Canadian AIDS Society (CAS) to assess the needs, knowledge, barriers and challenges faced by the Canadian voluntary sector when undertaking international HIV/AIDS activities.

Share Technical Expertise

As history consistently shows, significant human progress if often the product of people from diverse communities or with unique perspectives coming together in a spirit of collaboration and mutual support. One of the most effective ways that Canadians can support others internationally and make a contribution to combating the global HIV/AIDS epidemic is by sharing our significant technical expertise. Whether it is innovative harm reduction approaches, effective HIV prevention strategies, state-of-the art laboratory testing procedures or promising results in HIV vaccine development or clinical trials, sharing our achievements and advances helps others around the world deal more effectively with the HIV/AIDS epidemic, as well as enhancing our own collective body of knowledge about the disease in our own community.

CASE IN POINT:
Monitoring the Emergence of HIV-1 Resistance to Antiretroviral Drugs in Latin America

An effort of Health Canada, UNAIDS, the United States Centers for Disease Control and others, this pilot project includes a comparative evaluation and identification of appropriate laboratory techniques for screening HIV-1 genetic markers of resistence to antiretroviral drugs and technology transfer and the training of laboratory scientists from selected Latin American countries in appropriate laboratory methods for monitoring HIV-1 drug resistance.

CASE IN POINT:
UNAIDS Collaborating Centre

The Government of Canada announced In November 1999 that Health Canada had been appointed as a Collaborating Centre with the Joint United Nations Programme on HIV/AIDS (UNAIDS). As a Collaborating Centre, Health Canada's Laboratory Centre for Disease Control will provide expert advice on surveillance, research practices, and HIV laboratory science, with a particular focus on developing countries where the epidemic continues to spread at an alarming rate, taking a vast toll on human lives. Canada, through the Canadian International Development Agency (CIDA), has contributed $3.4 million to the 1999 budget of UNAIDS to support its work in the global fight against HIV/AIDS. Health Canada has worked with UNAIDS to provide biotechnology, laboratory technology and surveillance expertise to countries in Africa, Europe and Asia, and has contributed to analyses on the current and future burden of the disease. This new collaboration will increase the Department's access to a larger international repository of knowledge, and will also provide Canadian scientists with the opportunity to advance HIV/AIDS research.

they
SAID

"Although I am proud to have contributed to the development of 3TC, it is my dream that we will also develop cheaper and better drugs that will make a difference for people living with HIV throughout the world.
We must also act now to ensure that the problem of HIV drug resistance in developing countries does not eclipse the benefits of antiviral interventions with regard to perinatal transmission. Canada must do its share to ensure that the objectives are brought about on a worldwide basis."

Dr. Mark A. Wainberg
McGill University

Contribute to International Research Efforts

The results of forward-thinking scientific and behavioural research provide the foundation upon which other HIV/AIDS interventions are developed and implemented. In this area, Canadian governments, NGOs, universities and research institutes have made tremendous strides toward improving intervention strategies and have subsequently gained an acclaimed international reputation.

We have much to share in this area, and much to gain by acting globally with others. For example, Canadian research on female-controlled methods of STD and HIV prevention, including condoms and microbicides, show great promise for combating HIV/AIDS in developing countries. Canadians working in Africa have played a leadership role in studying the genetics and immunology of resistance to HIV infections as well as the part played by nutrition in reducing the effects of HIV/AIDS. Furthermore, Canadians, in collaboration with international organizations in other countries, are working toward the development of a safe and effective vaccine against HIV. This represents both an important AIDS research priority and a step toward bringing the HIV epidemic under control. Needless to say, advances made in an international forum in any of these areas can only benefit.Canadians and our international counterparts for generations to come.

CASE IN POINT:
The Biology of Sexually Transmitted Diseases

The Medical Research Council of Canada (MRC) is the major federal agency responsible for funding biomedical research in Canada. Their role is to promote, assist and undertake basic, applied and clinical research in Canada in the health sciences. In conjunction with Health Canada's National Health Research and Development Program, the MRC has established a program of funding meritorious projects and providing operating grants in many aspects of HIV/AIDS research. This project is a collaboration between scientists from the Universities of Toronto, Manitoba and Nairobi, whose goal is to determine new ways to prevent and treat sexually transmitted infections (STIs) - a major cause of death worldwide. Based largely in Nairobi, where STIs are a particularly severe problem, the intent of the research group is to study protective immunity to STIs, how STIs cause disease and the mechanisms sexually transmitted microbes use to parasitize humans. At the same time, project partners provide access to better health care for the target population of the study, namely commercial sex workers and children.

Advance and Protect Human Rights

The protection of human rights is essential to safeguard human dignity in the face of HIV/AIDS as well as to ensure an effective response to the disease. As we have learned in both the developing and developed world, when human rights are protected, particularly among marginalized groups like women, sex workers, injection drug users and men who have sex with men, fewer people become infected, and those living with HIV/AIDS and their families are better able to cope with the effects of the disease.

Although governments have primary responsibility for implementing human rights strategies and law reform, Canadian and international ASOs and NGOs, including networks of people living with HIV/AIDS, can play a critical role in this regard by formulating policy, engaging in advocacy and capacity building, and developing support services and awareness programs.

they SAID

"Our twinning project with the South Africa AIDS Law Project (South Africa) has allowed us to undertake joint activities that we could not have done alone. For example, we are jointly organizing a satellite meeting on legal, ethical, and human rights issues raised by HIV/AIDS at the 13th International Conference on AIDS in Durban, South Africa in July 2000. We are also planning joint publications. We have been learning a lot from ALP. Their work has been an inspiration. We are committed to working together, and to helping each other achieve our respective missions, goals, and objectives."

Ralf Jürgens
Canadian HIV/AIDS Legal Network

CASE IN POINT:
Partnership Between the AIDS Law Project (South Africa) and the Canadian HIV/AIDS Legal Network Partnership

One of the finest examples of a formal, international collaborative partnership, or "twinning" as it is increasingly referred to, lies in the work of the AIDS Law Project (South Africa) and the Canadian HIV/AIDS Legal Network. Based at the Centre for Applied Legal Studies at the University of Witwatersrand in South Africa, the AIDS Law Project (ALP) undertakes research, publishes materials, provides legal advice and litigates issues related to HIV/AIDS and human rights. Established in 1992, the Canadian HIV/AIDS Legal Network shares a similar mandate and is also the only national, charitable organization in Canada that undertakes activities to promote awareness of the legal, ethical and policy issues raised by HIV/AIDS. With the intent of working together to achieve their respective missions, goals and objectives, and in recognition of the global nature and impact of the HIV/AIDS pandemic, the two organizations signed a formal partnership agreement in 1998 to work together to improve awareness and understanding of the ethical, legal and human rights impact of the global spread of HIV/AIDS; to jointly undertake research, network creation and other educational activities; and to support each other in management and operational matters. In 1998, the Canadian HIV/AIDS Legal Network further supported the global fight against HIV/AIDS through education by producing an international version of its successful publication, *Legal and Ethical Issues Raised by HIV/AIDS: Literature Review and Annotated Bibliography.* Visit the AIDS Law Project at www.aidslaw.ca.

CASE IN POINT:
Human Rights and HIV: Effective Community Responses

Founded in 1976, Human Rights Internet (HRI) is a world leader in the exchange of information within the international human rights community. Launched in the U.S., HRI has its headquarters in Ottawa and communicates by phone, fax, mail and the information highway with more than 5,000 organizations and individuals around the world working for the advancement of human rights. A key objective of the organization is to support the work of the global non-governmental community in its struggle to obtain human rights for all. To this end, HRI promotes human rights education, stimulates research, encourages the sharing of information, and builds international solidarity among those committed to the principles enshrined in the International Bill of Human Rights. In 1997 and 1998, and with a budget of $50,000, HRI partnered with UNAIDS to research, write and produce *Human Rights and HIV*, a comprehensive collection of accounts of more than 20 exemplary and effective projects around the world that focus on ensuring human rights in the face of the HIV/AIDS epidemic. Designed as an education, advocacy and capacity building tool, *Human Rights and HIV* has received a great deal of acclaim and is being widely used in Canada and around the world by AIDS service organizations, AIDS activists, government agencies and NGOs. This initiative is an excellent example of how a domestic organization can transfer research expertise and understanding of human rights issues vis-à-vis HIV/AIDS to other parts of the world. Visit HRI's site at

Enhance Care and Support Infrastructure

Canadian organizations also have a distinguished track record of excellence in offering their expertise and resources in important care and support projects. For the more than 33.6 million people of the world who have been infected with HIV/AIDS - not to mention the millions of children who have been orphaned by AIDS - there is a great need for comprehensive care and support systems to mitigate the impact of the epidemic. Given the extremely high cost and complex nature of antiretroviral drug and combination drug therapies, the developing world has had to generate - and still needs to do so with the help of leading industrialized countries - cost-effective intervention strategies to improve the quality of HIV/AIDS care and support services.

CASE IN POINT: Rainbow House

Reaching and caring for children orphaned by AIDS or infected with HIV on the Caribbean island of Haiti is the focus of Rainbow House, a project established in 1995 by Foster Parents Plan of Canada in partnership with two Haiti-based organizations, La Maison Arc-en-Ciel and Promoteurs de l'Objective Zérosida. As a member of PLAN International, a humanitarian, child-focused development organization, Foster Parents Plan of Canada's goal is to achieve lasting improvements in the quality of life of underprivileged children in the developing world by enabling children, their families and their communities to meet their basic needs and by promoting the rights of the world's children. With a budget of under $200,000 per year, the principal objective of Rainbow House is to give HIV-infected children and AIDS-orphaned children access to proper medical, social, psychological and nutritional care, support and counselling. Through the provision of care and support services, Rainbow House seeks to provide an environment of safety and ensure that children infected with or affected by HIV can live a dignified and secure life. With the number of HIV-infected or AIDS-orphaned children growing by leaps and bounds, experiences in other parts of the world show that such similar care and support projects can play a role in minimizing childhood depression, malnutrition, lack of health care, loss of education, homelessness, vagrancy, forced migration, physical abuse, crime and exposure to other infectious diseases.

they
SAID

"When international HIV/AIDS projects occur between governments, the work doesn't 'hit the ground' the same way as it does when projects occur with organizations and communities who are actually doing the work. In other words, when linkages and collaboration happen at the level of community organiza-tions, there are concrete benefits that reach people where they live."

Gloria Murrant, Education Co-ordinator Casey House Hospice

Build Communities and Their Capacity

Communities have felt, and will continue to feel, the impact of the HIV/AIDS epidemic for a very long time. To prevent the continued spread of the disease as well as mitigate the ongoing strains, stresses and destructive social forces that accompany it, investments must be made in communities to allow them to build their capacity to deal with the epidemic, sustain an effective response and develop the skills of cargivers, teachers and community personnel to replace those who have already fallen victim to HIV/AIDS.

Community development initiatives in an HIV/AIDS context are numerous and span the gamut of care, prevention, education, research, policy development and human rights strategies. From training people in the art of delivering public awareness strategies, giving them the tools to engage the private sector, and supporting advocacy groups of people living with or affected by AIDS, to helping establish AIDS orphanages and palliative care centres or preparing sites for clinical trials of promising preventive measures, much can be done to build capacity in hard-hit communities. In this regard, Canadian NGOs, ASOs, government agencies and universities have considerable experience and expertise that can be shared to support capacity building throughout the rest of the world.

CASE IN POINT: Caribbean HIV/AIDS Project (CHAP)

This project is led in Canada by the Canadian Public Health Association and operated in partnership with the Trinidad-based Caribbean Epidemiology Centre with financial support from CIDA and several European countries. The purpose of CHAP is to reduce the spread of HIV and other sexually transmitted diseases, but more specifically, to mitigate the impact of HIV on communities and individuals through skills building programs. Among other project strategies, CHAP focuses on creating greater local resource mobilization, providing training in AIDS program management and HIV/STD harm reduction, and enhancing the quality of care, support and diagnosis with respect to HIV/AIDS and STDs. To augment their professional skill sets, CHAP staff members were exposed to CPHA projects around the world and to "best practices" in Canada. In addition, with CPHA assistance, CHAP developed additional collaborative partnerships with NGOs and government agencies throughout the Caribbean region as a means of implementing HIV/AIDS control and prevention activities and developing national HIV/AIDS strategies.

CASE IN POINT:
Operation Blessing Guyana

In 1997 and 1998, the renowned Toronto-based HIV/AIDS hospice, Casey House, partnered with the Black Coalition for AIDS Prevention (BlackCAP) to undertake a unique community development project in Guyana. The first phase of the project consisted of the development and facilitation of a comprehensive HIV/AIDS education program that covered such things as HIV/AIDS support, care and prevention, as well as how to engender community support for HIV/AIDS, develop supportive networks and establish a community AIDS hospice. Using a train-the-trainer model, the intent of the program was to equip representatives from Guyana with additional skills and knowledge, based on Canadian experiences, in order to increase their chances of crafting and implementing a more effective response in their own beleaguered communities. The second phase of the project saw nurses from Guyana who occupied leadership positions in their respective workplaces participate in an observational placement or internship program with four Toronto organizations, including Casey House, Fife House, BlackCAP and the Victorian Order of Nurses. According to Casey House officials, the project met its objectives and generated lasting benefits for their organization. The initiative had several positive results: it confirmed that Casey House and its partners were doing worthy work in Canada, brought them a fresh perspective on their challenges versus those faced by others, taught them new approaches in the area of volunteer and non-professional staff management, helped them forge stronger domestic relationships, and opened staff members' eyes to the enormity of the HIV/AIDS epidemic in Guyana. This latter point was credited with renewing the organization's sense of activism, which had been somewhat dulled because of the tremendous (positive) impact made by anti-retroviral and multiple drug therapies upon those living with HIV/AIDS in industrialized countries like Canada.

Intervene Through Prevention and Education

While HIV is deadly, it is also preventable. As we have learned, an effective response is often a collective response. In the area of HIV/AIDS, as with other infectious diseases, the cost of delaying a coordinated response is monumental. Despite the crisis of HIV infections and AIDS deaths that is mounting in Africa, Asia and elsewhere, the benefits of action are equally enormous as hundreds of millions of people who are otherwise at risk remain uninfected.

Canadian ASOs and NGOs have much to offer in the area of HIV/AIDS prevention and education. From a programming perspective, Canadian organizations are recognized experts in social marketing, media relations, condom promotion and workplace HIV/AIDS awareness, just to name a few. Since we have an excellent understanding of what works, Canadian groups working in this area can make a significant and rapid difference abroad.

fast FACT

According to UNAIDS, approximately 80 per cent of HIV infections worldwide are attributed to sexual transmission, underscoring that primary prevention techniques remain the most effective response to the pandemic.

CASE IN POINT: The International Harm Reduction Association

The International Harm Reduction Association (IHRA) was established in 1996, with one of the founding members being a representative of the Canadian Foundation for Drug Policy. IHRA is an international, professional association for individuals and organizations concerned with the development and adoption of more appropriate and effective drug policies that seek to reduce the harmful consequences of drug use. IHRA seeks to intervene in the process of formulating drug policy, such that harm reduction principles are widely adopted: it informs the wider population of the issues; to those providing interventions it offers information, training and educational materials; and for policy shapers, makers and implementers, it engages in specific, targeted programs. Among other things, the IHRA puts out a peer-reviewed journal, the International Journal on Drug Policy, which is circulated to more than 600 individuals and institutions. With assistance from UNAIDS, the association helped to form the Latin American Harm Reduction Network (RELARD) and is currently helping with the formation of an African Harm Reduction Network. IHRA has sponsored or co-sponsored numerous forums and talks in several countries and has provided speakers to conferences and training events around the world; has provided advisors and expert witnesses for test cases on drug laws and has disseminated information on drugs that is evidence-based, including educational programs for schools.

CASE IN POINT:
Southern Africa AIDS Training Programme II

The Canadian Public Health Association, a national independent, not-for-profit, voluntary association representing public health in Canada and composed of health professionals from over 25 health disciplines, is the leader of the highly successful Southern Africa AIDS Training Programme (SAT II). With an annual operating budget of more than $4 million supported by the Canadian International Development Agency, SAT II provides financial assistance as well as institutional support and capacity building training to community-based organizations working in HIV/AIDS in the Southern African region. Project locations include Angola, Botswana, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. With a total of 150 projects on the go, SAT II focuses its efforts on HIV prevention, counselling and care, and advocacy in gender and human rights. At the same time, SAT II is the network manager for the *Schools Without Walls* initiative, a mechanism for experienced organizations to establish mentoring and apprentice-based partnerships with less experienced organizations working in HIV/AIDS.

Promising Program Directions

Consider these program ideas, some of which have already been initiated by Canadians abroad, when determining an approach for your own organization:

- Prevention of mother-to-child transmission of HIV
- Voluntary testing and counselling programs
- Condom promotion and distribution
- Social marketing/AIDS awareness campaigns
- Educating the mass media on HIV/AIDS issues
- Behaviour change/awareness programs for vulnerable groups
- Supporting blood safety programs
- Supporting advocacy groups of people living with HIV/AIDS
- Control of other infectious diseases, especially tuberculosis
- Workplace HIV/AIDS policy development and awareness programs
- Stimulating information sharing and network development through conferences and symposia
- Training in resource development and organizational management
- Home-based care and psychosocial support programs
- Address root causes of vulnerability by improving economic opportunities in affected regions
- Increasing women's access to credit, income generating activities and property
- Encourage the full participation of your community in all aspects of the response to AIDS
- Promote and advocate for the rights of children, women and other marginalized groups affected by HIV/AIDS

5 Getting Started: Embarking Upon Your Own Response

The goal of this publication is to give you the essential facts, strategies and success stories in relation to both the worldwide HIV/AIDS epidemic and Canadian organizations that are already acting globally. This information can help you start designing and executing an effective response of your own to this global catastrophe. But you'll need a sound plan, and maybe even some expert advice from others.

Getting Started

So you are committed to augmenting your domestic work by acting globally in HIV/AIDS. But where do you begin? What steps do you take to ensure that your time and efforts result in the biggest payback to you, your partners and the communities you want to serve? While there is no set formula for an effective global response, understanding some of the following issues may help you make sense of the path ahead and what to expect along the way.

- Organizations that have been successful in international HIV/AIDS projects have been those that have focused on programs and advocacy initiatives related to their core competency. When planning a response, take the time to determine your areas of strength or your "comparative advantage". It is important to ask yourself what makes your organization unique and what particular areas of expertise you have that can be readily replicated or exported elsewhere. Alternatively, if your interests lie in the area of advocacy rather than formal programming, identify those subject areas or issues where your communications efforts may have the greatest impact.

- Identify your institution's readiness to undertake international HIV/AIDS work. Take the time to determine whether existing resources can be redeployed or additional resources acquired. As well, you may wish to identify what support mechanisms are required to ensure project or advocacy goals are met and what the micro and macro level impact on

your organization will be of launching an international HIV/AIDS project. More simply, since international HIV/AIDS work can be labour-intensive, it is essential to determine whether your organization has the time to engage globally.

- Determine senior management commitment to acting globally. Have they reviewed this publication? Do they appreciate the compelling rationale that underlies an international response? Will they commit institutional resources to the cause? Do they appreciate what your organization can get out of an international project? Are they willing to develop program ideas with you?

- Understand the challenges you will face. International HIV/AIDS work brings with it challenges regarding cultural diversity, language barriers, time zone differences, infrastructure inequities and much more. A realistic outlook on both the challenges and the potential impact you can make will serve you well.

- Build a detailed plan that highlights your vision, measurable outcomes, the steps that must be taken to achieve your goals, the resources you will need to make it all happen and the benefits of your proposed endeavour. A strong plan will help you garner support for your proposed project from various stakeholders and external financial contributors.

- Identify possible partners for your initiative. The most successful global HIV/AIDS projects feature rich collaborations between organizations based on a shared vision, realistic common goals, mutual respect, trust and solid communication. Good partners, particularly in the host country, are essential to ensure that community involvement and support are obtained and sustained. Attend international conferences or consult with some of the organizations listed at the end of this publication to see who may be a worthy partner for your project.

- Once you have selected a suitable partner, take the time to engage your overseas counterparts to ensure that their needs, goals and objectives are understood and that a common, unified purpose is established. Doing so can help minimize potential problems that are common in cross-cultural endeavours.

- Depending on the scope and complexity of your organization and the resources at your disposal, you may find it necessary to secure external sources of financial and/or in-kind support. From a fund development perspective, the successful strategies you employ for your domestic initiatives should work for your international efforts. A solid plan, a compelling case, and a clear vision of what you wish to accomplish will be key to your success. Possible sources of program funding include:

  - government agencies such as the Canadian International Development Agency
  - private sector companies, particularly those with business interests in the regions you wish to work in
  - charitable foundations
  - the Canadian public
  - your own organization and your project partners
  - individual donors

- Seek the counsel of others. Several Canadian organizations have gone before you to participate in or lead intranational HIV/AIDS projects. Before you set your plans in motion, solicit the opinions of these individuals, including the leaders of the organizations featured in this publication. For more information, you can contact Health Canada to obtain a copy of their publication, *Canada's International Response to HIV/AIDS*.

- Understand that you do not need to *actually go international* to help in the global fight against AIDS. The simple act of advocating or encouraging others in your own community or sphere of influence to act globally can be sufficient to engender a groundswell of support that, through time, can have a tremendous impact.

CASE IN POINT:
Beyond Our Borders: A Guide to Twinning for HIV/AIDS Organizations

In 1999, with the assistance of the International Affairs Directorate of Health Canada, the Interagency Coalition on AIDS (ICAD) published a comprehensive guide on "twinning", defined as a formal, substantive, two-way collaboration between two organizations. According to ICAD, since the mid-1990s there has been a surge of interest from activists and the staff and volunteers of Canadian AIDS service organizations to broadening their knowledge of prevention, care, and treatment strategies by participating in international forums and by working in HIV/AIDS internationally. For many of these organizations, their goal was to establish contact with other community-based organizations in countries most severely affected by HIV/AIDS, as well as participate in projects that would allow them to contribute to and learn from the work of their counterparts. ICAD responded to this interest by developing *Beyond Our Borders: A Guide to Twinning for HIV/AIDS Organizations*. Based on an extensive research process, the publication defines the benefits of twinning and highlights real-world examples. Lessons learned from twinning projects are detailed in the publication, along with the challenges and cultural and geographical disparities that often accompany twinning. A step-by-step guide to twinning is set out in the document, along with sources of additional information. For any organization contemplating an international HIV/AIDS project or seeking insight in developing a productive partnership with another organization, ICAD's *Beyond Our Borders* is an essential read. The guide is available in English, French and Spanish. For more information, visit ICAD's web site at www.icad-cisd.com.

Additional Information

If you require additional information, resources or expert advice you'll be glad to know that several national and international organizations exist to help you, including:

International Affairs Directorate, Health Canada
Policy and Consultation Branch
Brooke Claxton Building
Postal Locator 0908A, Tunney's Pasture
Ottawa, Ontario K1A 0X9
tel: (613) 941-4765
fax: (613) 952-7417
web site: www.aidsida.com

Health Canada is the lead federal department for issues relating to HIV/AIDS in Canada. The Department co-ordinates the Canadian Strategy on HIV/AIDS, which has a $42.2 million annual budget. Health Canada works closely with the provinces and territories through the Federal/Provincial/Territorial Advisory Committee on AIDS.

Canadian International Development Agency (CIDA)

Public Enquiries, Communications Branch
200 Promenade du Portage
Hull, Quebec K1A 0G4
toll-free: 1-800-230-6349
tel: (819) 997-5005
fax: (819) 953-6088
e-mail: info@acdi-cida.gc.ca
web site: www.acdi-cida.gc.ca

CIDA is the lead player in delivering Canada's official development assistance program. The cornerstone of their development assistance program is to support sustainable development in order to reduce poverty and to contribute to a more secure, equitable and prosperous world. CIDA supports UNAIDS in its commitment to contribute to reducing the HIV/AIDS pandemic and its impact on societies through a broad development approach, taking into account key determinants such as gender equity, universal access to basic primary health care and human rights. CIDA contributes more than $20 million annually to HIV/AIDS initiatives in Africa, Latin America, Central and Eastern Europe and Asia.

The Joint United Nations Programme on HIV/AIDS (UNAIDS)

UNAIDS Information Centre
20 Avenue Appia
Geneva 27, Switzerland
tel: 41-22-791-4651
fax: 41-22-791-4898
e-mail: unaids@unaids.org
web site: www.unaids.org

The Joint United Nations Programme on HIV/AIDS, based in Geneva, Switzerland, is an unprecedented joint venture in the United Nations family. It strives to maximize the United Nations' efficiency and impact in the field of HIV/AIDS by pooling the experience, efforts and resources of six organizations. UNAIDS is co-sponsored by the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNPF), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank. It thus brings together expertise in sectors ranging from health to economic development. As the main advocate for global action on HIV/AIDS, UNAIDS leads, strengthens and supports an expanded response aimed at preventing the transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.

Interagency Coalition on AIDS and Development (ICAD)
180 Argyle Street
Ottawa, Ontario K2P 1B7
tel: (613) 788-5107
fax: (613) 788-5085
e-mail: info@icad-cisd.com
web site: www.icad-cisd.com

ICAD is a coalition of international development and AIDS service organizations whose mandate is to mobilize human and financial resources in Canada in response to HIV/AIDS in resource-poor communities and countries.

Canadian AIDS Society (CAS)
Suite 900, 130 Albert Street
Ottawa, Ontario K1P 5G4
toll-free: 1-800-884-1058
tel: (613) 230-3580
fax: (613) 563-4998
e-mail: casinfo@cdnaids.ca
web site: www.cdnaids.ca

The Canadian AIDS Society (CAS) is a national coalition of more than 100 community-based HIV/AIDS organizations across Canada that provide the bulk of education, support, advocacy programs and services for individuals and communities affected by HIV/AIDS.

Canadian Public Health Association (CPHA)
Suite 400, 1565 Carling Avenue
Ottawa, Ontario K1Z 8R1
tel: (613) 725-3769
fax: (613) 725-9826
e-mail: info@cpha.ca
web site: www.cpha.ca

The CPHA is a national independent, not-for-profit voluntary association representing public health in Canada with established links to the international public health community. The National AIDS Clearinghouse, telephone (613) 725-3434, is part of the CPHA and carries an extensive array of AIDS-related information and resources.

Canadian Association for HIV Research (CAHR)
Box 1209
Kemptville, Ontario K0G 1J0
tel: (613) 258-5062
e-mail: kmews@sympatico.ca

An association of Canadian HIV researchers. Members interests include basic sciences, clinical sciences, epidemiology, public health and social sciences.

Canadian Foundation for AIDS Research (CANFAR)
165 University Avenue, Suite 901
Toronto, Ontario M4H 3B1
tel: (416) 361-6281
fax: (416) 361-5736
e-mail: cure@canfar.com
web site: www.canfar.com

CANFAR is a national charitable foundation created to raise awareness in order to generate funds for research into all aspects of HIV infection and AIDS.

Canadian HIV/AIDS Trials Network (CTN)
620-1081 Burrard Street
Vancouver, British Columbia V6Z 1Y6
tel: 1-800-661-4664 or (604) 631-5327
fax: (604) 631-5210
e-mail: ctn@hivnet.ubc.ca
web site: hivnet.ubc.ca/ctn.html

The Canadian HIV Trials Network is a partnership committed to developing treatments, vaccines and a cure for HIV diseases and AIDS through the conduct of scientifically sound and ethical clinical trials.

The Canadian HIV/AIDS Clearinghouse
400-1565 Carling Avenue
Ottawa, Ontario K1Z 8R1
tel: (613) 725-3769
fax: (613) 725-1205
e-mail: aidssida@cpha.ca
web site: www.cpha.ca/clearinghouse_e.htm

The Canadian HIV/AIDS Clearinghouse is the central Canadian source for information on HIV prevention, care and support for all front-line workers. It provides leadership in developing prevention and program policy initiatives, particularly for the public health community in Canada.

Community AIDS Treatment Information Exchange (CATIE)
420-517 College Street
Toronto, Ontario M6B 4A2
tel: (416) 944-1916 or 1-800-263-1638
fax: (416) 928-2185
e-mail: info@catie.ca
web site: www.catie.ca

CATIE is a non-profit, community-based organization providing information on HIV/AIDS treatment and related health care issues to people living with HIV/AIDS and their caregivers across Canada.

International Council of AIDS Service Organizations (ICASO)
399 Church Street, 4th Floor
Toronto, Ontario M5B 2G6
tel: (416) 340-2437
fax: (416) 340-8224
e-mail: info@icaso.org
web site: www.icaso.org

ICASO supports the work of community-based organizations around the world in the prevention of HIV transmission and in care and treatment of people living with HIV, with particular emphasis on strengthening the response in communities with fewer resources.

Canadian HIV/AIDS Legal Network
484 McGill Street, 4th Floor
Montreal, Quebec H2Y 2H2
Telephone: (514) 397-6828
Fax: (514) 397-8570
E-mail: info@aidslaw.ca
Web site: www.aidslaw.ca

The Legal Network promotes policy and legal responses to HIV/AIDS that respect the human rights of people with HIV/AIDS and those affected by the disease.

Canadian Treatment Advocates Council (CTAC)
P.O. Box 116, Station "F"
Toronto, Ontario M4Y 2L5
Telephone: (416) 410-6538
Fax: (416) 921-7228
E-mail: ctac@sympatico.ca

Canadian Treatment Advocates Council is a national coalition of provincial representatives and representatives from a large community of AIDS organizations, providing treatment advocacy to government, the pharmaceutical industry and other stakeholders on behalf of people living with HIV/AIDS. There is a strong representation on the council of people living with HIV/AIDS.

Pan American Health Organization (PAHO)
525 Twenty-third Street, NW
Washington, DC 20037 USA
tel: (202) 974-3086
e-mail: info@paho.org
website: www.paho.org

The Pan American Health Organization is an international public health agency with more than 90 years of experience in working to improve health and living standards of the countries of the Americas. It serves as the specialized organization for health of the Inter-American System. It also serves as the Regional Office for the Americas of the World Health Organization and enjoys international recognition as part of the United Nations system.

Canadian Aboriginal AIDS Network (CAAN)
409-396 Cooper Street
Ottawa, Ontario K2P 2H7
tel: (613) 567-1817
fax: (613) 567-4652
e-mail: caan@storm.ca
web site: www.caan.ca

A national coalition of Aboriginal people and organizations providing leadership, advocacy and support for Aboriginal people living with and affected by HIV/AIDS. CAAN advocates and addresses the many and complex issues contributing to the spread of HIV and how Aboriginal people are living with it.

World Health Organization
20 Avenue Appia
1211 Geneva 27, Switzerland
tel: 41-22-791-2111
fax: 41-22-791-3111
e-mail: info@who.int
web site: www.who.org

Founded in 1948, the World Health Organization leads the world alliance for Health for All. A specialized agency of the United Nations with 191 Member States, WHO promotes technical cooperation for health among nations, carries out programs to control and eradicate disease and strives to improve the quality of human life. WHO has four main functions: to give worldwide guidance in the field of health; to set global standards for health; to co-operate with governments in strengthening national health programs, and to develop and transfer appropriate health technology, information and standards.

Selected Resources

Beyond Our Borders:
A Guide to Twinning for HIV/AIDS Organizations
Produced by the Interagency Coalition on AIDS and Development. Copies of the guide (available in English, French and Spanish and produced in November 1999), can be obtained from the Canadian HIV/AIDS Clearinghouse or downloaded in PDF format from www.icad-cisd.cm/publications.

Canada's Global Response to HIV/AIDS:
An Interactive Forum
This is a summary report of the International Affairs Directorate's and the Interagency Coalition on AIDS and Development jointly-hosted satellite meeting, held in conjunction with the Canadian AIDS Society's Skills Building Conference, November 12 - 15, 1999 in Winnipeg, Manitoba. Copies are available on the Internet at www.hc-sc.gc.ca/datapcb/iad/ihd.htm

Canada's International Response to HIV/AIDS: 1998

This compendium of Canada's voluntary sector, government agencies and research institutes in international HIV/AIDS activities was developed by the International Affairs Directorate, Health Canada. Copies of the guide can be obtained from the Canadian HIV/AIDS Clearinghouse.

Taking Stock

A periodic newsletter produced by the International Affairs Directorate, Health Canada, highlighting global HIV/AIDS developments as well as specific international HIV/AIDS initiatives being undertaken by Canadian government departments and agencies, NGOs, ASOs, research institutes and others. For more information, contact Martin Méthot of the International Affairs Directorate at (613) 941-4765 or at martin_methot@hc-sc.gc.ca.

Canada's Contribution to HIV/AIDS Prevention: Progress Through Partnership

Summary Report of a symposium held during the 5th Canadian Conference on International Health, produced for the International Affairs Directorate by the Canadian Public Health Association. Copies of the report can be obtained from the Canadian HIV/AIDS Clearinghouse or on the Internet at www.hc-sc.gc.ca/datapcb/iad/symposium.htm.

Intensifying Action Against HIV/AIDS in Africa: Responding to a Development Crisis

A comprehensive World Bank report that can be found at wbln0018.worldbank.org/DCS/DevCom.nsf

HIV/AIDS and Human Rights: Stories from the Frontlines

Prepared by the International Council of AIDS Service Organizations, Stories from the Frontlines describes how non-governmental organizations around the world working in HIV/AIDS have responded to human rights violations. The publication also highlights the campaigns organized by NGOs to promote and protect human rights in the context of HIV/AIDS, and identifies some recent human rights abuses.

Children Orphaned by AIDS

This publication is produced by the United Nations Children's Fund and highlights front-line responses from eastern and southern Africa to the impact of the HIV/AIDS epidemic on children. The publication can be obtained from UNICEF at their web site, www.unicef.org or by sending an e-mail message to pubdoc@unicef.org.

Report on the Global HIV/AIDS Epidemic: June 2000

The latest Joint United Nations Programme on HIV/AIDS publication on the current status of the HIV/AIDS pandemic, available on the Internet at www.unaids.org.

The Canadian International Development Agency (CIDA) HIV/AIDS Action Plan: June 2000

The Action Plan provides a broad overview of CIDA's current HIV/AIDS programs and identifies areas where gaps exist. It also highlights what works in terms of control and prevention, and identifies areas of future programming.